



# USAID | SOUTHERN AFRICA

FROM THE AMERICAN PEOPLE

Effective Date: July 14, 2008  
Completion Date: September 30, 2013  
CFDA No: 98.001

Population Services International (PSI)  
1120 19<sup>th</sup> Street, NW  
Suite 600, Washington, D.C. 20036  
Tel: 202 785 0072, Fax: 202 785 0120

Subject: Cooperative Agreement No. 687-A-00-08-00032-00  
"Social Marketing Program for Child, Maternal and Reproductive  
Health Products and Services" in Madagascar

Dear Sir:

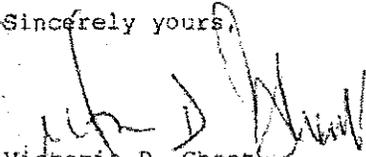
Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the U.S. Agency for International Development (USAID) hereby awards to Population Services International (PSI), hereinafter referred to as the "Recipient", the sum of \_\_\_\_\_ to provide support for Social Marketing Program for Child, Maternal and Reproductive Health Products and Services as described in the Schedule of this award and in Attachment B, entitled "Program Description."

This Cooperative Agreement is effective and obligation is made as of the date of this letter and shall apply to expenditures made by the Recipient in furtherance of program objectives during the period beginning with the effective date of July 14, 2008 and ending September 30, 2013. USAID will not be liable for reimbursing the Recipient for any costs in excess of the obligated amount.

This Cooperative Agreement is made to the Recipient, on condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment A (the Schedule), Attachment B (the Program Description), Attachment C (the Standard Provisions), Attachment D (the Branding Strategy and Marking Plan) all of which have been agreed to by your organization.

Please sign the original and all enclosed copies of this letter to acknowledge your receipt of the Cooperative Agreement, and return the original and all but one copy to the Agreement Officer.

-Sincerely yours,

  
Victoria D. Ghent  
Supervisory Regional Agreement Officer

Attachments:

- A. Schedule
- B. Program Description
- C. Standard Provisions
- D. Branding Strategy and Marking Plan

ACKNOWLEDGED:

BY:

D.K. Stevens, Jr.

TITLE:

CEO

DATE:

7/29/2008

**A. GENERAL**

1. Total Estimated USAID Amount:
2. Cost-Sharing Amount (Non-Federal): (33.33)
3. Total program amount:
4. Amount Obligated thru Action:
5. Total Obligated USAID Amount: 1
6. Remaining Amount to be obligated: 1
7. Activity Title: Social Marketing Program for Child, Maternal and Reproductive Health Products and Services
8. USAID Technical Office: Health, Population and Nutrition (HPN)
9. Tax I.D. Number: 56-0942603
10. ONS No.: 04-000-1427
11. JOC Number: 72-00-1584
12. TCR Number: 3V987

**B. SPECIFIC**

MAARE No. 68 0007-08-000

Line No.	Activity	Program Area	Program Element	Sub-Element	Amount
1	CD-POP/2004/2005	687-005	6870050.00	01	
2	CD-POP/2005/2006	687-005	6870050.00	01	
3	CD-POP/2006/2007	687-005	6870050.00	01	
4	CD-POP/2007/2008	A11	A051		
5	CD-POP-07/2006/2007	A11	A051		
6	CD-POP/2007/2008	A11	A051		
	<b>Subtotal Family Planning</b>				
7	CD-POP/2007/2008	A11	A052		
	<b>Subtotal Mother and Child Health</b>				
8	CD-AIDS-07/2006/2007	A11	A047		
9	CD-AIDS/2006/2007	687-005	6870050.00	03	
10	CD-AIDS/2007/2008	A11	A047		
	<b>Subtotal HIV/AIDS</b>				
11	CD/2007/2008	A11	A049		
	<b>Subtotal Malaria</b>				
			TOTAL		

**C. PAYMENT OFFICE**

USAID/Washington  
 Ronald Reagan Building  
 N/EM/OMF/OTB  
 1301 Pennsylvania Ave., NW  
 Washington, D.C. 20523-7700

OFFICE OF THE CONTROLLER  
 USAID/MADAGASCAR  
**FUNDS AVAILABLE**  
 BY: *Jh* DATE: 6/13/08  
 REVIEWED BY: *Jh*  
 AUTHORIZED BY: *[Signature]*

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Attachment A

SCHEDULE

A.1 PURPOSE OF COOPERATIVE AGREEMENT

The purpose of this Cooperative Agreement is to provide support for the program described in Attachment B to this Cooperative Agreement entitled "Program Description."

A.2 PERIOD OF COOPERATIVE AGREEMENT

1. The effective date of this Cooperative Agreement is July 14, 2008. The estimated completion date of this Cooperative Agreement is September 30, 2013.

2. Funds obligated hereunder are available for program expenditures for the estimated period July 14, 2008 to September 30, 2008.

A.3 AMOUNT OF COOPERATIVE AGREEMENT AND PAYMENT

1. The total estimated amount of this Cooperative Agreement for the period shown in A.2.1 above is

2. USAID hereby obligates the amount of \_\_\_\_\_ for program expenditures during the period set forth in A.2.2 above and as shown in the Budget below. The Recipient will be given written notice by the Agreement Officer if additional funds will be added. USAID is not obligated to reimburse the Recipient for the expenditure of amounts in excess of the total obligated amount by source of funding.

3. Payment will be made to the Recipient by Letter of Credit in accordance with procedures set forth in 22 CFR 226.

A.4 COOPERATIVE AGREEMENT BUDGET

The following is the Agreement Budget, including local cost financing items, if authorized. Revisions to this budget shall be made in accordance with 22 CFR 226.

DESIGNATION	AMOUNT
Furniture/Equipment	
Commodities	
Training/Conf./Mtg.	
Subawards	
Other Direct Costs	
Indirect costs	
<b>Total USAID Funds</b>	
Cost share	
<b>TOTAL PROGRAM</b>	

	<b>TOTAL</b>
<b>DESCRIPTION</b>	<b>Cost</b>
Child Survival-Maternal Health	
Family Planning	
Malaria	
HIV/AIDS	
<b>Total</b>	

PSI must not exceed the amount provided by source of funding above.

#### A.5 REPORTING AND EVALUATION

##### 1. Financial Reporting

The Recipient shall submit an original and a copy. Financial Reports shall be in keeping with 22 CFR 226.

In accordance with 22 CFR 226.52, the SF 269 and SF 272 will be required on a quarterly basis. The recipient shall submit these forms in the following manner:

(1) The SF 272 and 272a (if necessary) must be submitted via electronic format to the U.S. Department of Health and Human Services (<http://www.dpm.psc.gov>). A copy of this form shall also be submitted at the same time to the Agreement Officer and the Cognizant Technical Officer.

(2) The SF 269 or 269a (as appropriate) shall be submitted to the Cognizant Technical officer with one copy to the Agreement Officer.

(3) In accordance with 22 CFR 226.70-72, the original and two copies of all final financial reports shall be submitted to M/FM, the Agreement Officer (if requested) and the CTO. The electronic version of the final SF 272 or 272a shall be submitted to HHS in accordance with paragraph (1) above.

##### 2- Monitoring and Evaluation Plan

The Recipient shall develop and implement a Monitoring and Evaluation (M&E) Plan which supports the Mission Monitoring and Evaluation System. The monitoring and evaluation plan for each program element shall provide qualitative and quantitative performance measure on specific results, processes, and health and behavior changes.

The M&E plan shall be submitted to the USAID CTO within 45 days of the award of the agreement in a format to be provided by USAID/HPN. To the extent possible the M&E plan will be integrated into, and enhance, existing MOHFP management systems. The M&E plan shall be updated and revised as appropriate in collaboration with USAID. USAID implementing partners, Contractors, and Malagasy counterpart agencies will work together to achieve the results using the performance measures and other appropriate measures as determined. All performance measures shall contribute to monitoring the overall impact of activities and results for achieving the strategic objective.

The Recipient, in collaboration with USAID Expanded Program implementing partners and local counterpart agencies, shall work together to achieve the results using available scientifically sound methodologies and techniques, so that reported information respond to reliable criteria and universally accepted data quality standards. This monitoring system (indicators and planned targets) shall be finalized based on discussions between the Recipient and USAID.

### **3- Annual Implementation Plans**

The Recipient shall submit detailed Annual Implementation Plans, with detailed cost information to the CTO for approval. These plans shall be consistent with the USAID/HPN Strategy. Annual Implementation Plans shall include, at a minimum, the following:

- A table of activities to be implemented organized by the four Program Objectives;
- An indication of USAID and GOM partners to be involved in the planning or execution of activities;
- The timeframe for activities by quarter;
- The pipeline and expenditures information to date and projected expenditures for the coming period.

The first Annual Implementation Plan will cover the period October 2008 - September 2009 and is due 45 calendar days after award. The subsequent Annual Implementation Plans will cover the period October - September and are due by August 31.

### **4- Program Reporting**

Monitoring/Performance reports will be required on a semi-annual basis to coincide with USAID's fiscal year calendar. The first semi-annual report will cover the period from the signature of the Cooperative Agreement until September 2008. Subsequent semi-annual reports will cover the six-month period ending in March. Semi-annual reports are due 30 calendar days after the reporting period. The first Annual Performance Report will cover the period October 2008-September 2009, and subsequent reports will cover the twelve-month periods ending in September. Annual Performance Reports are due 60 calendar days after the reporting period.

The Final Performance Report will cover the entire period of the award. The Final Performance Report is due 90 calendar days after the expiration or termination of the award.

**(i) Semi-annual Performance Reports**

The Recipient shall submit an original and two copies of the Semi-annual Performance Reports in English to the Cognizant Technical Officer (CTO); with a diskette or CD of the report and annexes in Microsoft Word and/or Excel. The Recipient shall also submit one copy of the Semi-annual report to the Agreement Officer. The Semi-annual reports shall contain information on the following:

- A summary of actual activities and results during the reporting period compared with the plan established for the reporting period (may be presented in table format);
- An explanation of why results were not achieved, or were surpassed, and of why activities were delayed or not carried out during the reporting period and what plan has been put in place to ameliorate or change performance, if appropriate;
- Information on participant training, as specified below in Participant Training Reports;
- Success stories, if any, including examples of synergy and collaboration with partners;
- Activities planned, indicating expected results for each Result specified (may be presented in table format);
- Unit cost information developed by relating financial data to performance data whenever practical. The reported information shall include, on an accrual basis, a comparison of outlays with budgeted amounts;
- Other pertinent information related to program progress; and
- Participant training information:  
The Recipient shall collect information on all participant training financed under this agreement, including training data for any in-country training program or sub-program of more than 3 consecutive class days in duration, or more than 15 contact hours scheduled intermittently. This training data must be recorded using the web-based "TrainNet" reporting system (contact the Mission Program Officer for further information about site registration and use of TrainNet). The training data must be consolidated according to training program or sub-program and must identify the following:
  - (1) subject area of training;
  - (2) total trainees per participant group, with gender breakdown;
  - (3) total cost of training for each program; and
  - (4) direct training costs (program costs, not overhead/fees).

The CTO will acknowledge receipt of and provide verbal or written feedback, within 30 days after receipt, on all Semi-annual Performance Reports. If the CTO deems necessary, the CTO will schedule a meeting with the Recipient to discuss the contents of Semi-annual Performance Reports.

**(ii) Annual Performance Reports**

The Recipient shall submit an original and two copies in English of the Annual Performance Report to the Cognizant Technical Officer with a diskette or CD of the report and annexes in

Microsoft Word and/or Excel. The Recipient shall also submit one copy of the annual report in English to the Agreement Officer and one electronic copy in English to the USAID Development Experience Clearinghouse. The Recipient is also required to send the CTO proof of receipt by CDIE of the submitted document within 10 calendar days of submission. The Recipient shall follow-up with CDIE and confirms that CDIE has received the document.

The annual reports shall contain the following information:

- A summary of activities and results achieved during the year compared with the activities and results planned for the year (may be presented in table format);
- An explanation of why target were not achieved, or were surpassed, and of why activities were delayed or not carried out during the year and what plan has been put in place to ameliorate or change performance, if appropriate;
- Progress made toward achieving targets for achievement indicators (based on valid data collection and analysis);
- Success stories, if any, including examples of synergy and collaboration with partners.
- An annual budget indicating anticipated expenditures, the actual funding situation, and required funding for the year ahead;
- Unit cost information developed by relating financial data to performance data whenever practical. The reported information shall be an expansion of the details provided in block 12. "Remarks" of the SF 269 "Financial Status Report" to include, on an accrual basis, a comparison of outlays with budgeted amounts;
- Other pertinent information related to program progress and results; and
- Participant training information:

The Recipient shall collect information on all participant training financed under this agreement, including training data for any in-country training program or sub-program of more than 3 consecutive class days in duration, or more than 15 contact hours scheduled intermittently. This training data must be recorded using the web-based "TrainNet" reporting system (contact the Mission Program Officer for further information about site registration and use of TrainNet). The training data must be consolidated according to training program or sub-program and must identify the following:

- (1) subject area of training;
- (2) total trainees per participant group, with gender breakdown;
- (3) total cost of training for each program; and
- (4) direct training costs (program costs, not overhead/fees).

The CTO will acknowledge receipt of and provide written feedback, within 30 days after receipt, on all Annual Performance Reports. In addition, the CTO will organize a meeting with the Recipient to discuss the contents of the Annual Performance Report.

(iii) Final Performance Report

The Recipient shall submit an original and two copies in English of the Final Performance Report to the Cognizant Technical Officer with a diskette or CD of both versions of the report and annexes in Microsoft Word and/or Excel. The Recipient shall also submit one copy of the final report in English to the Agreement Officer and one electronic copy in English to the USAID Development Experience Clearinghouse. The Recipient is also required to send the CTO proof of receipt by CDIE of the submitted document within 10 calendar days of submission. The Recipient shall follow-up with CDIE and confirms that CDIE has received the document. The Final Performance Report replaces the last Annual Performance Report and shall contain the following information:

- A comparison of actual activities and results with the plan established for the life of the program (may be presented in table format);
- Reasons why targets were not achieved or surpassed and why activities were delayed or not carried out, if appropriate;
- Success stories, if any, including examples of synergy and collaboration with partners.
- A summary of progress made in achieving indicator targets during the program (based on valid data collection and analysis);
- Unit cost information developed by relating financial data to performance data whenever practical. The reported information shall be an expansion of the details provided in block 12. "Remarks" of the SF 269 "Financial Status Report" to include, on an accrual basis, a comparison of outlays with budgeted amounts; and
- Other pertinent information, including recommendations and lessons learned, related to overall program results.

A.6 INDIRECT COST RATE

Pending establishment of revised provisional or final indirect cost rates, allowable indirect costs shall be reimbursed on the basis of the following negotiated provisional or predetermined rates and the appropriate bases:

TYPE	EFFECTIVE PERIOD		INDIRECT COST RATES	
	From	Through	Fringe Benefits (a)	Overhead (b)
Provisional	01-01-06	12-31-06		
Provisional	01-01-07	Until Amended		

(a) Base of Application: Total US based direct and indirect labor dollars

(b) Base of Application: Total US based direct labor and fringe benefit dollars

Note: Fringe benefits for local field direct labor are reimbursed as other direct costs.

**A.7 TITLE TO PROPERTY**

Property Title will be vested with the Recipient.

**A.8 AUTHORIZED GEOGRAPHIC CODE**

The authorized geographic code for procurement of services under this award is 935. The Recipient must comply with source/origin requirement for the procurement of goods.

**A.9 COST SHARING**

The Recipient agrees to expend an amount not less than \$12,750,000 (33.33%) of the total activity costs.

**A.10 SUBSTANTIAL INVOLVEMENT**

Substantial involvement during the implementation of this Agreement shall be limited to approval by the Cognizant Technical Officer of the elements listed below :

- a. Approval of Recipient Implementation Plans.
- b. Approval of specified key personnel assigned to the positions listed below. The personnel currently listed have been approved. All changes thereto must be submitted for the approval by the Cognizant Technical Officer.
  - Mr. Brian McKenna, Country Representative
  - Ms. Ietje Reerink, Reproductive Health Director
  - Mr. Olivier LeTouze, Maternal Child Health Director
- c. Agency and recipient collaboration or joint participation.

**A.11 PROGRAM INCOME**

The Recipient shall account for Program Income in accordance with 22 CFR 226.24 (or the Standard Provision entitled Program Income for non-U.S. organizations). Program Income earned under this award shall be used to finance the non-Federal share. In the event that the non-federal share of this project is satisfied, additional program income earned under this award will be considered additive and may be used to further program objectives.

**A.12 SPECIAL PROVISIONS**

**A.12.1 USAID DISABILITY POLICY (DEC 2004)**

(a) The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by

promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; (3) to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following website:  
[http://www.usaid.gov/about\\_usaid/disability/](http://www.usaid.gov/about_usaid/disability/).

(b) USAID therefore requires that the recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it make every effort to comply with the objectives of the USAID Disability Policy in performing the program under this grant or cooperative agreement. To that end and to the extent it can accomplish this goal within the scope of the program objectives, the recipient should demonstrate a comprehensive and consistent approach for including men, women and children with disabilities.

**A.12.2 EXECUTIVE ORDER ON TERRORISM FINANCING (FEB 2002)**

The Contractor/Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the responsibility of the contractor/recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/subawards issued under this contract/agreement.

**A.12.3 FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JAN 2002)**

Funds in this [agreement, amendment] may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences" or as approved by the AO.

**A.12.4 ENVIRONMENTAL COMPLIANCE**

As part of its initial Work Plan, and all Annual Work Plans thereafter, the Recipient, in collaboration with the USAID Cognizant Technical Officer and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this Cooperative Agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation.

If the Recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall

be undertaken prior to receiving written USAID approval of environmental documentation amendments.

Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an EA, the Recipient shall:

- a) Unless the approved Regulation 216 documentation contains a complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan, the Contractor shall prepare an EMMP or M&M Plan describing how the Recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.
- b) Integrate a completed EMMP or M&M Plan into the initial work plan.
- c) Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

A provision for sub-grants is included under this award; therefore, the Recipient will be required to use an Environmental Review Form (ERF) or Environmental Review (ER) checklist using impact assessment tools to screen grant proposals to ensure the funded proposals will result in no adverse environmental impact, to develop mitigation measures, as necessary, and to specify monitoring and reporting. Use of the ERF or ER checklist is called for when the nature of the grant proposals to be funded is not well enough known to make an informed decision about their potential environmental impacts, yet due to the type and extent of activities to be funded, any adverse impacts are expected to be easily mitigated. Implementation of sub-grant activities cannot go forward until the ERF or ER checklist is completed and approved by USAID. Recipient is responsible for ensuring that mitigation measures specified by the ERF or ER checklist process are implemented.

The Recipient will be responsible for periodic reporting to the USAID Cognizant Technical Officer, as specified in the Schedule/Program Description of this award.

#### A.13 NONEXPENDABLE PROPERTY/EQUIPMENT/VEHICLE PURCHASES

The procurement of the following non-expendable equipment that the recipient plans to purchase under this cooperative agreement is hereby provided a prior approval of the Agreement Officer:

TYPE/DESCRIPTION	QUAN TITY	ESTIMATED UNIT COST
1. Photocopier	2	
2. Telephone Central	1	

All other equipment purchases that will be determined and purchased, by the recipient, after outset of this cooperative agreement shall require the prior approval of the Agreement Officer.

**A.14 PROCUREMENT OF HIV/AIDS TEST KITS (AAPD 07-05)**

**A.14.1 USAID APPROVED HIV/AIDS TEST KITS**

1. Source/origin waivers and OAA "restricted commodity" approvals under ADS 312.5.3c are not required for the test kits on the list that is found at the following link:

[http://www.usaid.gov/our\\_work/global\\_health/aids/TechAreas/scms/scms.html](http://www.usaid.gov/our_work/global_health/aids/TechAreas/scms/scms.html).

Under the authority of the source waiver, advance approval of the Agreement Officer is granted for the procurement of HIV/AIDS Test Kits under this cooperative agreement award. Any procurement of HIV/AIDS Test Kits must be made in accordance with terms of AAPD 07-05 "USAID List of Approved HIV/AIDS Test Kits".

A.14.2 Any other HIV/AIDS Test Kits not included in the aforementioned USAID approved list shall be procured in accordance with the Source/origin waivers and OAA "restricted commodity" approvals under ADS 312.5.3c.

**A. 15 PROCURMENT OF ANTI-RETROVIRALS FOR HIV/AIDS PROGRAM (AAPD 07-01)**

Advance approval for the procurement of anti-retrovirals for HIV/AIDS is hereby given under the Mandatory Standard Provisions for U.S., Nongovernmental Recipients "USAID Eligibility Rules for Goods and Services" in this Cooperative Agreement. Office of Acquisition and Assistance "restricted commodity" approval of pharmaceuticals under ADS 312.5.3c or source, origin, and nationality waivers are not required for Approved ARVs.

Such procurements **must** be made in accordance with terms of Acquisition and Assistance Policy Directive (AAPD) 07-01, Procurement of Anti-Retrovirals for HIV/AIDS Programs.

The AAPD can be found at the USAID website;  
[http://www.usaid.gov/business/business\\_opportunities/cib/](http://www.usaid.gov/business/business_opportunities/cib/).

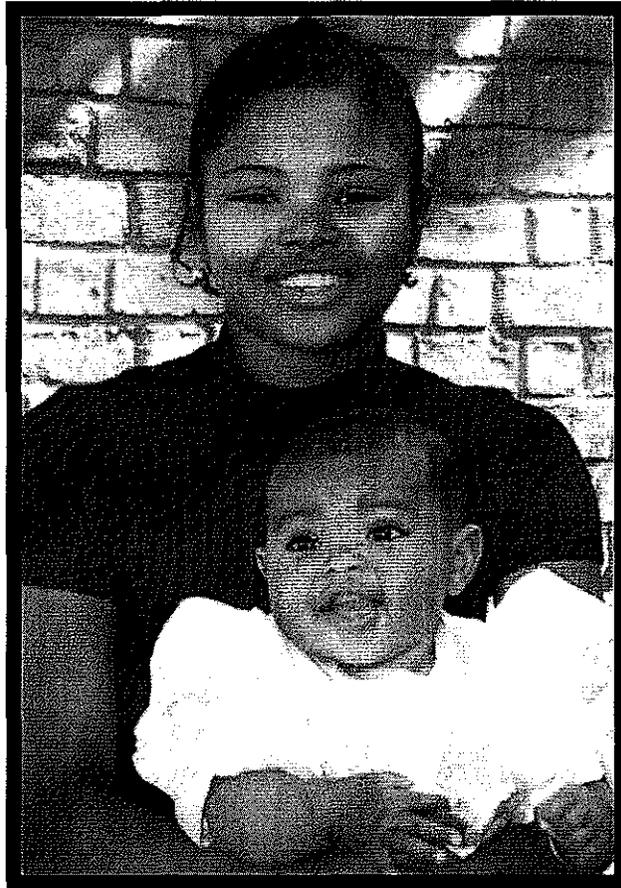
The "USAID Consolidated List of Approved ARVs" can be found at  
[http://www.usaid.gov/our\\_work/global\\_health/aids/TechAreas/scms/scms.html](http://www.usaid.gov/our_work/global_health/aids/TechAreas/scms/scms.html).

-END OF SCHEDULE-

ATTACHMENT B

PROGRAM DESCRIPTION

Evidence-Based Social Marketing for  
Child, Maternal, & Reproductive Health in Madagascar



Submitted by:  
Population Services International  
Voahary Salama  
JHPIEGO  
HIV/AIDS Alliance  
Wildlife Conservation Society

## Acronym List

ABC	Abstinence, Be Faithful and Condom Use
ACT	Artemisinin-Based Combination Therapy
ACTIPAL	ACT PPT kits
ADRA	Adventist Development Relief Agency
AICPA	American Institute of Certified Public Accountants
APONGE	Approche Secteur Public, ONG, Entreprise
ARI	Acute Respiratory Infection
ASBC	Agents de Santé à Base Communautaire
AVBC	Agents de Vente à Base Communautaire
BASICS	Basic Support for Implementing Child Survival
CBO	Community Based Organization
CCM	Country Coordination Mechanism
CDC	Centers for Disease Control
CHW	Community Health Worker
CI	Poverty Concentration Index
CNLS	National HIV/AIDS Committee
CPR	Contraceptive Prevalence Rate
CROM	Conseil Régional de l'Ordre des Médecins
CRS	Catholic Relief Services
CSB	Centre de Sante de Base
CYP	Couple Years of Protection
DALY	Disability Adjusted Life Years
DEA	Direction de l'Eau et Assainissement
DFID	Department for International Development (British Government)
DHS	Demographic Health Survey
DTK	Pre-packaged Diarrhea Treatment Kit
FASB	Financial Accounting Standards Board
FBO	Faith Based Organizations
FHI	Family Health International
FoQus	Framework for Qualitative Research in Social Marketing
FP	Family Planning Services
FSW	Female Sex Worker
GAAP	Generally Accepted Accounting Principles
GF	The Global Fund
GFATM	Global Funds for AIDS, Tuberculosis, and Malaria
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HPN	Health Population and Nutrition
HRM	High-risk Men
HTH	A chemical that treats water
IC	Injectable Contraceptives
IEC	Information, Education, Communication
IPC	Interpersonal Communications
IPT	Intermittent Preventive Treatment
IPTp	Preventive Treatment for Pregnant Women
ITN	Insecticide Treated Nets
IUD	Intra-uterine Devices
KfW	Kreditanstalt fur Wiederaufbau (German Government)
LLIN	Long-Lasting Insecticide Nets
LQAS	Lot Quality Assurance Sampling
MAC	Malaria Action Coalition
MAF	Mission Aviation Fellowship
MAP	Madagascar Action Plan
MAP	Measuring Access and Performance

MCDI	Medical Care Development International
MICS	Multiple Indicator Cluster Study
MIS	Monitoring and Information System
MOHFP	Ministry of Health and Family Planning
MSM	Men Who Have Sex with Men
MVU	Mobile Video Units
NGO	Non Government Organization
NMCP	National Malaria Control Program
OC	Oral Contraceptives
OMB	Office of Management and Budget
OMS	l'Organisation Mondiale de la Santé
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
P&L	Procurement and Logistics
PADEC	Programme d'Appui au Développement Communautaire
PERFORM	A Performance Framework for Social Marketing and Communications
PHE	Integrated Population Health and Environment program
PMI	President's Malaria Initiative
POU	Point of use (household water treatment)
POUZN	Point-of-use Disinfection and Zinc Treatment
PPT	Pre-packaged Malaria Treatment
PSI	Population Services International
QMM	QIT Madagascar Minerals
RBM	Roll Back Malaria
RI	REsuLTS Initiative
RFA	Request for Applications
RH	Reproductive Health
RHS	Recommended Home Solution
S/P	Sulfadoxine-Premethamine
SDM	Standard Day Method
SOMARC	Social Marketing for Change
STI	Sexually Transmitted Infection
STTA	Short-Term Technical Assistance
SW	Safe Water Treatment
TRaC	Tracking Results Continuously
UHN	United Nations Health Network
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UPSM	An ORS parastatal
USAID	US Agency for International Development
VCT	Voluntary Counseling and Testing
VS	Voahary Salama
WASH	Water, Sanitation, Hygiene Initiative
WCS	Wildlife Conservation Society
WHO	World Health Organization

## I. Executive Summary

PSI Madagascar and its partners are pleased to submit this response to USAID/Madagascar's Request for Applications (RFA) Number 687-08-A-006 Social Marketing Program for Child, Maternal, and Reproductive Health Products and Services. The innovative strategies outlined in this proposal build upon the successes of the previous USAID/HPN funded social marketing project. Working in partnership with USAID, PSI Madagascar and its partners will improve the health of the people of Madagascar.

The PSI Madagascar team has a long history of success on the ground. It is the best team to implement the proposed project:

- Team members will build upon existing programs already in progress to ensure *immediate start up*.
- Using *evidence-based social marketing*, the team will use research at every stage to guide project activities.
- PSI Madagascar will leverage donor resources with a *cost share of* or 50% of estimated USAID funding.
- Finally, a *strong partnership with the Government of Madagascar* will ensure that activities are well coordinated and address national priorities.

Working nationwide, the goal of the proposed project is to improve the health status of the Malagasy people, especially women and children. The proposed project will increase the use of effective health products, services, and behaviors in the areas of family planning, STI treatment, HIV prevention, malaria prevention and treatment, and diarrheal disease prevention and treatment. PSI Madagascar and its partners will focus social marketing efforts on the significant drivers of behavior and expand the reach of the current social marketing project into rural areas, while targeting those most at risk.

The proposed project will rely on three overarching project strategies to achieve results:

### 1.) Targeted, focused, evidence-based social marketing

PSI Madagascar will use evidence-based social marketing to go from "research to action," surrounding target audiences with highly relevant communications and activities to encourage healthier behavior. *Evidence-based social marketing uses research about target populations to guide decision making at every level.* Key drivers of behavior become the focus, and themes are repeated consistently via multiple channels to sustain behavior change over time.

### 2.) Expanding rural reach through a Community Partnership approach

PSI Madagascar and its partners will continue to rely on a Community Partnership model to expand the social marketing project even further into rural areas through the APONGE network and associated NGOs/CBOs. *Community-based distribution is at the center of this successful strategy and it will be expanded in the proposed project.* PSI Madagascar will work in close collaboration with the Government of Madagascar and the USAID supported public sector contractor, working to strengthen linkages between community-

based distribution agents and public health clinics. PSI Madagascar and its partners will also build the capacity of partner supervisory NGO/CBOs to implement "state of the art" evidence-based social marketing through their community-based volunteers.

3.) Enhancing sustainability through leveraging donor resources.

As a principal recipient for malaria for the Global Fund to Fight AIDS, TB, and Malaria (GFATM) Round 7, PSI Madagascar brings significant complementary donor funding in support of the USAID objectives. In addition, PSI Madagascar expects to receive funding from private sources to support long term methods of family planning. Therefore, *PSI Madagascar proposes a 50% cost share of* These additional resources will allow for greater health gains than could be achieved by USAID investments alone. Finally, PSI Madagascar also proposes to target USAID subsidies more effectively to those who need them (most often the rural poor) through strategic segmentation of the market, where appropriate.

The PSI Madagascar team includes the following core and strategic members:

PSI Madagascar, as the prime partner, will apply global best practices in social marketing and targeted communication interventions to improve access to essential health products and services, while changing behaviors that put the poor and vulnerable at risk. PSI Madagascar will also continue to leverage the strengths of established NGO/CBO and FBO partners through continuation of the APONGE project as the coordinating mechanism for community-based distribution. PSI Washington will provide expert technical assistance to the social marketing project, bringing experience and lessons learned from PSI's network of social marketing platforms around the world.

Voahary Salama, a local umbrella organization working in population-environment issues, will collaborate with PSI Madagascar to facilitate capacity-building exercises with local NGO partners. Voahary Salama will also help coordinate the activities of community-based distribution agents working with NGO partners and local government clinics.

JHPIEGO, will coordinate activities focused on pregnant women, including leading the implementation of a pilot project for IPTp to reduce pregnant women's vulnerability to malaria. JHPIEGO will also provide technical assistance in training and adult education.

HIV/AIDS Alliance will work with high-risk groups for HIV/AIDS prevention, including female sex workers (FSWs) and men who have sex with men (MSM).

The Wildlife Conservation Society will expand community-based distribution in the environmentally sensitive areas in and around Masoala National Park.

The Government of Madagascar will be fully engaged in the project's execution. Each strategy has been aligned with the Madagascar Action Plan (2007 - 2012) and all activities will be implemented under the supervision of local and national government partners.

Additional Strategic Partnerships: PSI Madagascar will also rely on strengthening and expanding its relationships with strategic local Madagascar partners, including:

- The local training organization ITEM, along with provider associations including ONM, CROM, and ONP, will help PSI Madagascar to build the capacity of private sector providers to deliver high quality care.

- The pharmaceutical wholesaler FARMAD will continue to play a large role in ensuring widespread access to PSI's socially marketed products.
- The agricultural distributor ERI/Kolharena will help to build a more sustainable distribution system in rural areas for community-based distribution agents.
- International NGO partners MAF and HoverAID will assist with expanding access to extremely remote rural regions.
- PACT will work to mainstream gender issues into the social marketing project's operations.

*By the end of the project PSI Madagascar and its team, with the support of USAID and the Government of Madagascar, will deliver the following key results:*

Result One: Maternal and Child Health

- Increase in the percentage of caregivers of children under five who report using *Sûr'Eau* safe water solution in the past month from 10% in 2006 to 20% by 2012
- Sales of over 6.3 million socially-marketed *Sûr'Eau* safe water solution bottles, with over five million liters of drinking water disinfected; over 625,000 socially-marketed diarrhea treatment kits (ORS and zinc) sold

Result Two: Family planning

- Increase in the percentage of sexually-active women of reproductive age (15-49) currently using modern family planning methods from 24% in 2006 to 39% by 2012
- Sales of over 14.6 million oral contraceptive cycles and 4.6 million injectables over the life of the project

Result Three: Malaria activities

- Increase in the percentage of households owning at least one insecticide treated mosquito net from 45% to 90% by 2012
- Increase in the percentage of pregnant women reporting sleeping under an ITN the previous night from 28% in 2008 to 85% by 2012
- Increase in the percentage of children under five reporting sleeping under an ITN the previous night from 38% to 85% by 2012
- Sales of over 2.1 million long lasting insecticide treated nets and over 5.6 million pre-packaged artemisinin-based combination therapy (ACT) kits

Result Four: HIV/AIDS & STI Prevention

- Decrease in the percentage of high risk men (HRM) who report having had two or more sexual partners during the past 12 months from 73% in 2006 to 63% in 2011
- Increase in the percentage of HRM who report having used a condom with their last non-regular partner from 62% in 2006 to 72% in 2011
- Increase in the percentage of female sex workers (FSWs) who report having used a condom with their last client from 86.2% in 2006 to 94% in 2011
- Sales of over 128 million socially marketed male condoms, over 195,000 female condoms, and over 3.3 million prepackaged sexually transmitted infection (STI) kits
- Over 130,000 people treated for STIs by trained providers, and over 38,000 counseled and tested for HIV.

In summary, PSI Madagascar and its partners have the demonstrated ability, commitment, and expertise to improve the health of the Malagasy people and are the best choice to implement the social marketing project.

## II. Technical Application

### A. Technical Approach

#### *Current Context and Policy Environment*

**Demographics & Health Situation:** Madagascar is a beautiful island nation with a wealth of biodiversity. Up to 5% of the world's plant and animal species are found in Madagascar, over 80% of which are found nowhere else in the world.<sup>1</sup> Madagascar is also a poor country of just over 19.4 million people.<sup>2</sup> More than 85% of the population lives on less than two dollars per day.<sup>3</sup> There are over 18 different ethnic groups, and the main languages are Malagasy, French and now English. Over 70% of the population lives in rural areas with poor infrastructure.<sup>4</sup> Literacy rates are low, and only 65% of women are able to read.<sup>5</sup> Average life expectancy is only 55.5 years.<sup>6</sup> Leading causes of death and disability include malaria, sexually transmitted infections (STIs), diarrheal diseases, and adverse conditions arising from pregnancy and birth.<sup>7</sup>

Despite these challenges, Madagascar has demonstrated tremendous success in reducing both under-five and infant mortality. Rates of infant and child mortality decreased by over 40% between 1997 and 2004.<sup>8</sup> Maternal mortality rates have similarly shown improvements.<sup>9</sup> These successes can be attributed to highly effective public health interventions by the Government of Madagascar, donors, and NGO partners. For example, use of modern family planning methods increased from only 5% in 1992 to 18% in 2004. During the

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1 Conservation International

2 World Bank website.

3 Madagascar Action Plan (MAP) 2007 - 2012

4 Unicef, 2004

5 Unicef, 2004 data.

6 Government of Madagascar, Madagascar Action Plan, Baseline from 2005.

7 DHS 2004

8 DHS 2004

9 Unicef

same time period, there was a 50% decrease in the prevalence of diarrhea and a doubling of the percentage of those with diarrhea who received either oral rehydration salts (ORS) or a homemade solution. Meanwhile, age at first sexual debut increased from 16.8 to 17.4.<sup>10</sup> Recent population-based research conducted by PSI Madagascar has suggested that these positive trends have continued in recent years.

**Government, Private Sector, and NGO Response:**

The Government of Madagascar recently created an ambitious new national plan, the Madagascar Action Plan (2007-2012), to outline priorities to lead the country to a better future. The MAP provides a framework for achievement of the Millennium Development Goals and outlines key areas for improving the health of the population in the areas of family planning, HIV/AIDS, malaria, and maternal and child health. Achievement of the MAP will not be easy. Health services are not currently meeting the needs of the Malagasy people and access is a significant issue. Public and private health care providers are unequally distributed throughout the country, with most concentrated in urban areas.<sup>11</sup> Fully 65% of rural households are more than five kilometers away from a basic health center.<sup>12</sup> Although user fees are waived in the public sector for many essential health services, the true opportunity costs of seeking care include transportation, as well as costs associated with lost work, leading many to forgo medical care. In urban areas, 70% of people first seek care in the private sector, which is perceived to offer higher quality services.<sup>13</sup> Actual quality of medical care, however, varies significantly. The private sector includes over 203 pharmacies, concentrated in urban areas, and 1,625 drug retailers throughout the country, which are often the first point of care for many.<sup>14</sup>

Non-governmental organizations (NGOs) in Madagascar have also played a large role in the delivery of both health services and information. Approximately 12,000 volunteer community health workers (agents de santé à base communautaire - ASBCs) throughout the country have been trained by the public sector, and local, international, and faith-based NGOs. These ASBCs have been recognized by the government as playing a crucial role in both prevention and health care delivery. The Ministry of Health and Family Planning (MOHFP) is currently working to formalize the training, monitoring, and activities of ASBCs, and to strengthen their relationship with public sector clinics and providers. Much of this work will take place under the USAID supported public sector contractor (the follow on to SantéNet, one of two core USAID funded projects in Madagascar).

**PSI Madagascar's Social Marketing Program:** PSI in Madagascar is a locally registered NGO that implements a comprehensive social marketing program to address the major health problems identified by the Government of Madagascar. Funded primarily by USAID, but also supported through the Global Fund to

### What is Social Marketing?

Social marketing is a technique that uses private sector tools and resources to achieve social goals.

As practiced by PSI, social marketing ensures the supply of high quality products and services at a price people can afford, at places that are convenient to them, while creating informed demand for practicing healthier behaviors.

<sup>10</sup> DHS 2004

<sup>11</sup> Statistiques des Systeme de Sante (OMS, 2006) cited in World Bank PER on Health, 2007

<sup>12</sup> Ibid

<sup>13</sup> Ibid

<sup>14</sup> Ibid

Fight AIDS, TB and Malaria (GFATM), UNICEF, the World Bank, the US Centers for Disease Control and Prevention (CDC), and private foundations, PSI Madagascar has a national reach, working in all 22 regions throughout the country. With a talented and experienced staff of over 200 people trained in public health, marketing, research and communications, PSI Madagascar currently distributes a full range of high-quality reproductive and maternal and child health products at affordable prices. Annex A provides an introduction to social marketing. Products distributed in Madagascar include:

<u>Product</u>	<u>Distribution</u>
<u>2007</u>	
<i>Super Moustiquaire &amp; Permanet</i> long-lasting, insecticide-treated nets (LLINs)	925,556
<i>PaluStop</i> pre-packaged anti-malarial treatment for children under five	1,906,716
<i>Sûr'Eau</i> point-of-use water treatment solution	1,017,676
<i>Protector Plus</i> condoms	11,280,628
Free distribution male condoms	5,371,070
<i>Feeling</i> female condoms	21,557
<i>Pilplan</i> oral contraceptives	1,907,849
<i>Confiance</i> injectable contraceptives	721,897
<i>Cura7</i> pre-packaged treatment (PPT) for urethral discharge, and	284,042
<i>Genicure</i> PPT for ulcerative STIs.	225,469

PSI Madagascar also manages a social franchise, branded *TOP Réseau*, of over 200 private providers, in seven urban sites. Social franchising uses commercial franchising techniques to offer quality health services to at risk populations. PSI Madagascar trains and monitors franchised providers to offer reproductive health counseling, STI treatment, voluntary counseling and testing (VCT) services for HIV, and comprehensive family planning services - including the long lasting methods of IUDs and implants (*Implanon*). *TOP Réseau* began serving only sexually-active youth, but has since expanded to work with high-risk men (HRM), female sex workers (FSWs), and men who have sex with men (MSM). Providers also receive subsidized high quality products to sell to target populations. Annex B includes a diagram that explains *TOP Réseau* in more detail.

**Community Partnership in Rural Areas:** An innovative component of PSI Madagascar's social marketing project is its "Approche Secteur Public, ONG, Entreprise" (APONGE) project - or "approach to public sector, NGOs, and businesses." Created originally by PSI Madagascar in 2003 as a way to partner more effectively with institutions, APONGE has since grown into a model collaboration with community-based organizations. In essence, PSI Madagascar builds the capacity of local and international organizations to supervise members of the local community to improve public health. APONGE greatly expands the reach of the social marketing program into rural areas not easily reached through the commercial sector.

The APONGE approach is a true collaboration. Partner organizations (such as SALFA, CARE, ADRA, Saf FJKM) select community based sales agents (Agents de Vente à Base Communautaire, or AVBC).<sup>15</sup> AVBCs are selected for their ability

<sup>15</sup> Some, but not all, ASBCs (community health workers) have been trained to distribute health products in their communities and become community-based sales agents (AVBC). Those who meet certain criteria are trained to diagnose and treat some common illnesses in their communities, as

to communicate, their trustworthiness, their reputation within the community, and their commitment to public health goals. PSI Madagascar provides the AVBCs with highly subsidized prevention and treatment products focused on the major causes of disease, and provides training in sales techniques and key communication messages and strategies. The NGO/CBO partner supervises the AVBCs, and often plays a role in ensuring ongoing supplies of stock. Because of their placement in rural communities and their local knowledge and experience, AVBCs are an excellent way to reach rural populations at risk.

#### Making a Better Life

Rahavana is a community-based sales agent associated with the FBO SALFA, in the commune of Shambavy. She received five days of training on key health issues and the promotion of health products and healthier behaviors. At the end of the training, she received a starter stock of PSI Madagascar's products: five ITNs, ten packets of birth control pills, 48 condoms, and five bottles of SWS – all of which can be replenished at a subsidized price. Four weeks after returning to her village, Rahavana had already sold 83 nets, and 48 cycles of pills, among other products. She made a profit of just over 90,000 Ariary (\$50) for her family. This small monetary benefit motivates Rahavana to continue her work improving health in her community.

The partnership has been well received by others. *In 2008, over 55 NGOs/CBOs partnered with PSI Madagascar and supervised the work of approximately 7,300 AVBCs at the community level.* The APONGE project also partners with over 65 corporations and has strong operational links with the US Peace Corps. Today the APONGE project is responsible for over 50% of sales of long lasting insecticide treated nets (LLINs), 40% of safe water sales, and 20% of sales for condoms and pills.

#### **Strengths & Weaknesses:**

PSI Madagascar's social marketing program has many strengths, including an experienced and successful management team, a long history of delivering results, an innovative approach to solving public health problems, tremendous growth of its health impact, and an emphasis on using research to create effective communications through evidence-based social marketing. *The biggest strength of PSI Madagascar's existing social marketing project, however, has been its ability to leverage USAID resources through collaboration and partnering.* In total, over \_\_\_\_\_ in additional donor funds have been raised by PSI Madagascar to complement the \_\_\_\_\_ invested by USAID since 1998. The current program's major weaknesses are mostly related to the challenges of growth and scale up. They include: an insufficient penetration into rural areas; poor integration across health areas, an overemphasis on short-term family planning methods; an ongoing need for high subsidies to achieve maximum health impact; and difficulties maintaining high-quality services and interventions across a growing array of health areas.

*The strategies outlined in the proposed project build upon the current program's considerable strengths, while addressing its weaknesses. The new project will capitalize upon the momentum already achieved to improve the health of the Malagasy people.*

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well as distribute prevention products. These activities support the Government of Madagascar's goals to increase community-based distribution in rural areas.

**Project Goal, Purpose & Objectives**

**Project Goal:** The goal of the proposed project is to improve the health status of the Malagasy people, especially women and children.

**Project Purpose:** The project's purpose is to expand and build upon the achievements of USAID's previous social marketing program by *increasing the use of effective health products, services, and behaviors* in the areas of family planning, STI treatment, HIV prevention, malaria prevention and treatment, and diarrheal disease prevention and treatment.

**Project Objectives:** PSI Madagascar and its partners will *focus efforts on the significant drivers of behavior* for each selected target audience, based on research. The project will also expand the reach of the current project in rural areas, while targeting those most at risk.

**Project Activity Level Indicators:** PSI Madagascar will track activity level indicators, including, among others: numbers of socially marketed products sold; numbers of products distributed for free; numbers of distribution points for socially marketed products; numbers of people trained; and numbers of people reached with various communication strategies.

A complete list of project goal, purpose, objective, and activity level indicators for each health area are outlined in the attached project Logical Frameworks in Annex C and in the Performance Monitoring Plan in Annex D.

**Project Customers**

Project customers (project beneficiaries or target audiences) vary by health area and include the following:

**Result One: Maternal and Child Health (diarrhea prevention and treatment activities)**

- caregivers of children under five, with a focus on rural areas
- children under five suffering from diarrheal diseases, with a focus on rural areas

**Result Two: Family planning**

- women of reproductive age (15-49), with a focus on rural areas
- young women (15-24) in target urban areas

**Result Three: Malaria activities**

- pregnant women in rural areas
- children under five and their caregivers (women 15-49) in rural areas

**Result Four: HIV/AIDS & STI Prevention**

- youth (15-24), with a focus on urban target areas
- female sex workers and their clients, high risk men (HRM) (miners, truckers, uniformed men), and men who have sex with men (MSM), with a focus on target urban areas

**Geographic Focus**

The project will work nationally, reaching the entire population of 19.4 million people with distribution of products and mass media. Intensive community-level activities for family planning, malaria, and diarrheal disease will be targeted in USAID focus communes, shown in Annex E, and extended to new areas in close collaboration with USAID and the public sector contractor. Community level activities will also be expanded to include GFATM Round 7 malaria target areas (shown in Annex F) and opportunities that arise in collaboration with NGO partners working in the area of environment

and natural resource management. Outreach activities and franchised services for STI/HIV prevention and reproductive health services will be centered in the current urban TOP Réseau sites of Antsiranana, Toamasina, Mahajanga, Antsirabe, Antananarivo, Morondava, and Taolagnaro. During the project period, PSI Madagascar proposes to expand to the new sites of Fianarantsoa, Moramanga and Toliara. A map of TOP Réseau current and planned expansion sites is included in Annex G.

### **Overarching Project Strategies**

#### **Project Strategy # 1: Targeted, Focused & Evidence-Based Social Marketing**

For social marketing to be effective, program managers must have an in-depth understanding of the target audiences to be reached. What is driving their behaviors, both healthy and risky? What are the key determinants of those behaviors? What are the competing alternative behaviors? How can those behaviors be changed? And at the end of a project, how can the interventions be evaluated to see if they worked?

Evidence-based social marketing starts with research. In 2004, PSI pioneered the creation of a planning and evaluation framework used to guide the development, implementation, and evaluation of its social marketing programs around the world. PERFORM: A Performance Framework for Social Marketing and Communications<sup>16</sup> was developed to allow for the use of research to inform social marketing programs. The framework is also used to track exposure to programs and to monitor changes in desired behaviors over time. PERFORM, illustrated in Annex H, aggregates quantitative research, including population-based surveys of target groups (TRaC), quantitative mapping of access to products and services (MAP),<sup>17</sup> as well as qualitative research, monitoring and information system (MIS) data and secondary research in a useful format. *It produces timely and actionable evidence to enable social marketers to develop targeted interventions focused on those things that really matter.* The process behind evidence-based social marketing includes:

**Step One- Segmentation:** Population target groups are divided into two groups - those whose behavior needs to be changed ("non-behavers"), and those who already perform the desired behavior ("behavers"). An example of segmentation would be to divide a population of women of reproductive age into "users" of modern family planning (behavers) versus non-users (non-behavers).

**Step Two- Identification of Significant Behavioral Determinants:** Both "behavers" and "non-behavers" (ie, users or nonusers) are profiled through surveys which examine the underlying determinants that may be driving the desired behavior, in this example, use of modern methods of family planning. Individuals are influenced by a number of factors, which can be summarized by the following: the **motivation** (do they want to), **ability** (are they able to), and **opportunity** (are there external supports for it) to adopt safer behaviors. The profiles of "behavers" versus "non-behavers" are then compared. *Only those determinants identified as significantly different between "behavers" and "non-behavers" become the focus of social marketing interventions.* Using the example of family planning mentioned above, research might reveal that concerns

16 Chapman, S. & Patel, D. (2004). *PSI Behavior Change Framework "Bubbles": Proposed Revision* (Population Services International Concept Paper). Retrieved March 13, 2008, from <http://www.psi.org/research/documents/behaviorchange.pdf>

17 PSI uses quantitative surveys it calls TRaC surveys. Mapping surveys are called MAP. These surveys are described further in the Monitoring and Evaluation Section IV.

about side effects are one of the main differences between users and non-users of family planning, affecting potential users motivation to use family planning. In this example, if the social marketing program could alleviate the concerns of non-users regarding side effects, then more non-users may decide to use family planning. A full list of behavioral determinants is included in Annex I.

Step Three- From Research to Action: The last step involves translating research into action, and developing strategies and activities that can modify the key drivers of behavior uncovered in steps one and two. A few principles underlie effective evidence-based social marketing:

- **Disciplined Targeting:** Targeting scarce resources to populations at highest risk produces the most health impact and is the most cost-effective option.
- **Operating at Scale:** Reaching a high percentage of target populations allows evidence-based social marketing to begin to change group norms that affect behaviors.
- **Integrated Communications:** Multiple communication channels are integrated through the selection of common themes. Each channel (mass media, interpersonal, etc.) serves to reinforce the others and target populations are reached multiple times with consistent messages to sustain long-term behavior change.
- **Ensuring Access:** Communications must be backed up with access to high quality essential health products and services at prices and places where (and when) people need them. It wastes resources to promote modern methods of family planning, for example, if there is no source of supply in the community, or if products are too expensive for target populations to use them.
- **Continuous Feedback from Research:** Research is conducted at regular intervals to inform decision-making at every stage and level of the intervention, from initial activity design to monitoring and evaluation.

With these overarching principles in mind, social marketers must turn to the tools at hand. The key building blocks of social marketing activities are often referred to as the "4 Ps" - that is, product, price, placement, and promotion. Some refer to them as the "marketing mix." Different approaches and "marketing mixes" are used to reach distinct target populations at different times and places, and in different ways - always with the target audience in mind. For example, strategies to reach rural women to increase the use family planning would be very different from strategies used to reach urban young men to encourage consistent condom use. The two groups, after all, don't live in the same place or have access to the same resources. They likely listen to different music, have different goals and dreams, and have different opinions about health. Evidence-based social marketing takes these differences into account, using research about the target audience to make decisions. PSI Madagascar and its partners are committed to using global best practices in the proposed project with regards to the marketing mix, as described below and on the following page.

**Products** - Only high quality products will be procured and distributed, using standard and consistent procurement practices. Adherence to international and local guidelines regarding products, and testing and sampling, will ensure that products are safe. PSI Madagascar has a strong administrative and

procurement team that will ensure these standards are adhered to consistently, backed up by expert assistance from PSI Washington's procurement and logistics team. Packaging will be of the highest quality and will be pre-tested with target audiences so that it is attractive. Target audiences must also understand the correct use of the product and for whom the product is intended.

**Price** - Consumer prices for PSI Madagascar's products will continue to be set in collaboration with USAID, the Government of Madagascar, and collaborating NGO partners using research with target audiences about what is affordable. Margins (the difference between what a consumer pays and what the "seller" pays) will be set to ensure incentives are correctly aligned to achieve the maximum distribution of products, at the lowest possible cost.

**Placement** - Placement refers to distribution mechanisms. PSI Madagascar will continue to use four main distribution channels to ensure maximum access. These include:

1.) Distribution through the commercial sector, through sales to wholesalers and distributors, who sell the product to retailers, who then sell them to consumers; this mechanism leverages the private sector's resources to benefit public health goals.

2.) Community-based distribution through NGOs/CBOs and AVBCs working with the APONGE project, or through peer networks (such as female sex workers who sell condoms to their peers).

3.) Free distribution in collaboration with the Government of Madagascar and partners. For example, long lasting nets (LLINs) are distributed for free during maternal and child health week;

4.) Finally, distribution will also occur through franchised networks of trained private sector health care providers. Some products and services, such as voluntary counseling and testing, STI services, and family planning will be delivered by trained providers in the TOP Réseau social franchise.

Distribution also includes attention to safe handling throughout the distribution chain. As such, PSI Madagascar has a secure warehouse and follows best practices in supply chain management for all of its products.

**Promotion/Communications** - In social marketing, promotion refers to branded marketing, as in the commercial sector, but also to generic communications designed to change risky behaviors, or maintain healthy ones. Interpersonal communication (IPC) is a proven means to influence behavior and is a core component of the proposed project's strategy. IPC activities in this project include a mix of one-to-one, small group discussions, and team-to-group interactive events in places where target populations meet. Members of the target audience will be used as outreach workers whenever possible, as they are able to 'engage' with target audiences more effectively than outsiders. Community-based health workers and distributors (ASBC/AVBCs) will also function as IPC educators in this project, working in their communities to spread key messages about healthier behaviors and to promote socially marketed products. All AVBCs will be trained in all socially marketed products for prevention. A qualified subset will be trained in higher level interventions, such as injectable contraception or treatment products.

The inaccessibility of much of Madagascar's population remains a major challenge for promotion. PSI Madagascar therefore has a fleet of eight mobile

video units (MVUs) that will be used to extend messages into rural areas. Each MVU team consists of three trained staff, audio-visual equipment, and an all-terrain vehicle. The teams tour the country and screen films on health areas such as malaria prevention, family planning, and diarrheal disease. MVU facilitators engage the audience with a mix of lively discussions, games, and demonstrations.

Finally, mass media also has tremendous potential to connect emotionally with target audiences and raise awareness of issues with a clear and positive call to action. Mass media reaches people at a fraction of the cost per person of interpersonal communication, effectively "touching" target audiences multiple times. Rural radio in particular provides one of the more cost-effective channels of communication in Madagascar, and messages may be targeted using local dialects. Mass media can be especially helpful in starting dialogues about issues that are controversial or simply not well known. For example, in Madagascar the music video "Lay Misy Aody Moko" ("Insecticide Treated Mosquito Nets") was created in 2007 to encourage LLIN use for pregnant women and children under five. Performed by one of Madagascar's most popular singers, it became well-known throughout the country and played on air (both radio and TV) for over a year. Nevertheless, mass media alone is rarely enough to change complex health behaviors. Mass media in this project will therefore be used to provide a coherency of messaging for IPC and community-based activities, reinforcing key messages multiple times.

*All of PSI Madagascar's program staff have been trained in the use of evidence-based social marketing and understand its key components and principles.* They will continue to improve their skills in the new proposed project working toward project goals and objectives.

***Project Strategy # 2: Expanding Rural Reach through a Community Partnership Approach***

PSI Madagascar and its partners will continue to rely on a Community Partnership model to expand the social marketing project into rural areas through the APONGE network and associated NGOs/CBOs, in collaboration with the Government of Madagascar and the USAID supported public sector contractor. (A full list of APONGE members is included in Annex J.) PSI Madagascar will also work with partners to expand the number of trained community-based distribution agents (AVBCs). A new element of the proposed project, PSI Madagascar and its partners will build the capacity of local NGOs/CBOs to implement "state of the art" evidence-based social marketing. This proposed investment in local CBOs and NGOs will result in better coordination and improved coherency in approach and messaging. Illustrative activities include:

- **Introduction of global best practices:** Principles and components of evidence-based social marketing interventions, management techniques for IPC, and the role of targeted media to complement outreach activities will be shared with partners.
- **Training in the interpretation of research to guide decision making:** Through a series of "Research to Action" training sessions, PSI Madagascar and its partners will improve local NGO/CBO communication strategies, as well as quality of messaging.

- **Improved monitoring and information systems (MIS):** PSI Madagascar and its partners will support APONGE members to develop improved MIS systems, essential to providing regular information for management decisions.
- **Strengthening linkages with public sector clinics:** Community-based NGOs and CBOs will continue to play a key role in increasing coverage and distributing products to rural areas. PSI Madagascar will continue to provide training on targeted social marketing and community-based distribution to achieve this objective. PSI Madagascar and its partners will also work to strengthen the linkages between AVBCs and public sector clinics.

**Project Strategy # 3: Enhancing Sustainability through Leveraging of Donor Resources**

**Cost Sharing:** Throughout the next phase of the project, PSI Madagascar will continue to leverage USAID resources through accessing other donor resources. *During the next five years of the project, PSI proposes a cost share of or 50%.* PSI Madagascar will coordinate closely with USAID and other donors to ensure that funds are transparently used and are complementary to each other. PSI Madagascar will ensure that the various projects' goals and objectives are always coordinated and integrated.

**Market Segmentation:** PSI Madagascar will target subsidies more effectively to those who need them (in most cases the rural poor) through a strategic segmentation of the market. PSI Madagascar will introduce, where it makes sense, products at higher cost recovery points to segment the market between income groups who can afford to pay more, and lower income groups who need a subsidized price. Madagascar remains one of the poorest countries in the world, however, limiting cost recovery options. Referrals with government health clinics will also be strengthened to ensure that the poorest, who cannot afford even a subsidized price, will have access. All program income generated under this project will support project activities as part of the proposed cost share.

**Project Activities**

**Result One: Maternal and Child Health—**  
Increase the availability and use of proven lifesaving interventions that address the major killers of mothers and children and improve their health and nutrition status.

**Situation Analysis:** In Madagascar, some 75% of people - up to 88% in rural areas - lack access to potable water, putting them at significant risk of diarrheal diseases, including cholera.<sup>18</sup> *Diarrheal disease with severe dehydration is the second leading cause of mortality among children under five.*<sup>19</sup> In rural areas, the under-five mortality rate is 64% higher than in

**Measuring Equity of Access**

The **Poverty Concentration Index (CI)** is a new tool that informs managers about the progress made towards achieving *equity of access*. It reveals which consumers health products are reaching and how, eliminating the need to rely on sales numbers alone to measure success. The CI divides a population into five wealth quintiles, and then compares to what extent the wealthy versus the poor are practicing healthy behaviors, and what products they are using. Throughout the course of the project, PSI Madagascar will measure equity using the CI and adjust the program and marketing response as needed.

<sup>18</sup> Multiple Indicator Cluster Study (MICS)

<sup>19</sup> Annuaire statistique de Santé, MOHFP, 2004.

urban areas. For the poorest 20% of the population, children are twice as likely to have diarrhea and are nearly three times more likely to die before their fifth birthday than children from the richest families.<sup>20</sup>

#### **Point of Use Water Treatment**

**Summary of the Market:** In 2000, following one of the most devastating series of cyclones in over 50 years, PSI Madagascar, CARE, and the CDC introduced an inexpensive and easy-to-use water purification solution, marketed under the brand name *Sûr'Eau*. With further assistance from USAID and UNICEF, PSI Madagascar was able to rapidly scale up distribution of *Sûr'Eau* nationwide. *Sûr'Eau* now leads the market. At a price of \$0.05, more than 4.5 million bottles have been sold since its launch in 2000. It is produced locally in Madagascar by a private company. Other products are present in the market, such as 'Aquatab' (a locally manufactured product that treats 200 liters of water per tablet and sells at 800 ariary), but in very low quantities. During emergencies, HTH (a chemical that treats water) is distributed for free to treat wells. *Although Sûr'Eau dominates the market, only 10% of mothers report using it in the previous month, with no significant growth from 2004.*<sup>21</sup> Cognizant of the importance of a comprehensive approach to improving diarrheal prevention practices, PSI Madagascar also promotes the important links between clean water and hygiene practices, as well as *Sûr'Eau*. As an active member of WASH (a consortium of actors in Water, Sanitation, and Hygiene), PSI Madagascar also works to improve overall diarrheal prevention practices, such as hand-washing and improved latrine use.

**Key Drivers of Behavior:** PSI Madagascar's 2006 TRaC study among caregivers of children under five showed that two determinants in particular drive the use or non-use of *Sûr'Eau*. The first is *social norms*, which are perceived standards for behavior that people follow. In other words, *those who believe that others in their community use water treatment products are more likely to use Sûr'Eau*. The second key determinant is *self-efficacy*. This represents the confidence an individual has in his or her ability to perform a promoted behavior effectively or successfully. *Those who believe they can use Sûr'Eau correctly are more likely to treat their water*. Lack of knowledge also contributes to increased risk of morbidity and mortality from diarrheal disease. Results from the 2006 TRaC study showed that *over a third of respondents did not cite contaminated or dirty water as a cause of diarrhea*. In 2007, PSI Madagascar conducted qualitative research showing that, except in periods of heavy rains or after cyclones, water treatment is often perceived as a non-essential practice. The below table highlights some illustrative messages - some of which are already in use - PSI Madagascar will employ to address these areas in the proposed new project.

**Table One: Illustrative Communication Messages for Prevention of Diarrheal Diseases**

Target Audience	Behavioral Determinant	Illustrative Communications Messages
Caregivers	Knowledge	• It is important to wash hands with soap and to

<sup>20</sup> DHS 2004.

<sup>21</sup> Results are from PSI's 2006 TRaC survey among caregivers of children under five. The TRaC is a representative population-based survey, designed to measure quantitative measures. A more detailed description of TRaC can be found in the Monitoring and Evaluation section IV.

of children under five, with a focus on rural areas		<p>regularly use a latrine in order to prevent diarrhea diseases</p> <ul style="list-style-type: none"> <li>• Untreated water contains microbes and cause diarrhea diseases</li> <li>• Treated water allows us to avoid diarrhea disease</li> </ul>
	Social Norms	<ul style="list-style-type: none"> <li>• Most people you know use water treatment product</li> <li>• Most Malagasy women use <i>Sûr'Eau</i> to treat their family's water</li> <li>• Children whose mothers treat water with <i>Sûr'Eau</i> are rarely get diarrhea</li> </ul>
	Self-Efficacy	<ul style="list-style-type: none"> <li>• Usage instructions for Sur-Eau are as simple as 1-2-3 = (1) 1 cap of <i>Sûr'Eau</i> for one water bucket (2) Stir up with cleaned utensil (3) Cover with cleaned fabric and wait 30 minutes before use</li> <li>• It takes 30 minutes to treat water with <i>Sûr'Eau</i> (it's the equivalent of the time necessary to sweep a courtyard or cooking rice)</li> </ul>

Promotion/Communications: Key messages will continue to be developed and disseminated through multiple channels including mass media, MVU activities and IPC activities conducted by AVBCs working with APONGE partners. Communications will be coordinated with the Direction de l'Eau et Assainissement (DEA) of the Ministry of Energy and Mines, the MOHFP and WASH. Mass media activities for diarrheal disease will be mainly focused on radio, but television will be used as well to ensure a high level of exposure, and to reach target audiences multiple times. Pre-tested educational films related to diarrheal disease prevention and treatment will also be produced and aired regularly and will be used as a component of MVU activities.

PSI Madagascar has developed an innovative new IPC strategy specifically targeted to rural women. A new network of women's associations, branded *Ranoray* (or "Together for Water"), was launched in February 2008 in five regions (see attached Map in Annex K) selected based on epidemiology. In each region, 50 women's associations<sup>22</sup> will be established bringing together 1,000 association members who will be trained in the importance of treated water and good hygiene, as well as in IPC strategies. Messages related to other maternal and child health areas will also be incorporated as part of an integrated approach to improving health in rural areas.

PSI Madagascar will also continue to scale up its innovative *Sekoly Sûr'e* project (*Sûr'Eau* at schools), which is aimed at reaching school children with sanitation and hygiene messages as well as providing them with clean drinking water while they are at school. PSI experience in other countries has found that school-based programs work, and have the added benefit that children bring the message of safe water home to their mothers. Working with NGOs such as Aide et Action, PSI Madagascar has launched this program in 160 schools in 3 regions as of February 2008. An additional 250 *Sekoly Sûr'e* schools will be added over the five year period.

<sup>22</sup> "Women's associations" is a blanket term covering groups who join together for economic partnerships, including weaving and artisan cooperatives.

Finally, in order to promote safe drinking and food preparation practices in small restaurants, PSI Madagascar initiated the *Hotely Sûr'e* (*Sûr'Eau* in restaurants) project in which restaurant owners sign an agreement to consistently use *Sûr'Eau* for all water and food preparation and to promote and sell *Sûr'Eau* to their clients. Restaurant owners receive technical support, *Hotely Sûr'e* promotional materials (e.g. a *Sûr'Eau* banner, a *Sûr'Eau* water storage tank, a starter stock, and *Sûr'Eau* posters) and promotion of their establishments. Since its inception in 2001, over 300 small restaurants have become *Hotely Sûr'e* members. An additional 350 small restaurant members will be added over the five year period.

Product, Price, and Distribution: At the end of 2007, PSI Madagascar simplified the packaging and instructions for *Sûr'Eau* to better meet the needs of rural women users. PSI Madagascar has also closely examined the issue of price. According to the 2006 TRAC study, 87% of respondents considered *Sûr'Eau* to be affordable, and willingness to pay was not a determinant of use. (In other words, price does not appear to be limiting people's use of the product.)<sup>23</sup> The price of *Sûr'Eau* will be measured over the life of the project to ensure that the price continues to be affordable.

AVBCs working with APONGE partners and the Women's Network *Ranoray* will be the main conduit for distributing the product to rural populations. Traditionally, these community-based channels of distribution have accounted for 40% of overall sales of *Sûr'Eau*. *Over the life of the project, PSI Madagascar will grow the proportion of Sûr'Eau distributed via community-based sales agents to 50% in efforts to strengthen rural penetration.*

Since its inception, *Sûr'Eau* has been an important part of Madagascar's response to cyclones and other emergencies, such as cholera outbreaks. WASH kits containing a bucket, a jerry can, a cup, and *Sûr'Eau* are distributed for free to those people most in need in affected zones. PSI Madagascar will continue to work with Government of Madagascar, UNICEF, the WHO, the Red Cross and other organizations that respond to crises to prevent the spread of water borne illnesses during times of national emergency.

For the commercial distribution of *Sûr'Eau*, PSI Madagascar will continue to employ a traditional private sector model. In order to increase the sustainability of distribution in rural areas, PSI Madagascar will establish a formalized partnership with ERI/Kolharena, a network of agricultural retail outlets, and explore establishment of non-traditional rural wholesalers (for example, retail level outlets in villages that could serve as wholesalers for AVBCs).

#### ***Case Management and Treatment of Diarrheal Disease***

Situation Analysis: Nationally, only 32% of children under five who suffered from diarrhea in the two weeks preceding the 2004 DHS were taken to a health facility. Fifteen percent were given less than the usual amount of fluids, 22% were given significantly less fluid and 6% were given no fluid.<sup>24</sup> Only 12% received ORS, but an additional 32% received recommended home solution (RHS); only 58% were given ORS, RHS, or more fluids.

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23 A team from Emory University determined that households may believe the price is fair and affordable, but may not have cash to purchase. In order to examine this issue further, PSI Madagascar conducted a qualitative research study using the recommended question format from Emory. Respondents believed the product was priced correctly, and that there was not a time when they wanted to purchase the product but could not afford it.

24 2004 DHS.

Market Analysis: In September 2005, a USAID-funded team assessed the potential for introducing the new diarrhea treatment protocol, zinc and ORS, in Madagascar. Following the assessment, the MOHFP initiated a pilot project to make zinc available at both health facility and community levels in 12 districts with high diarrhea prevalence rates. In the private sector, various ORS products are available in the market. Some pharmacies stock ORS imported from India, but not all of the ORS is the new low-osmolarity formulation. Supplies of ORS at rural medical depots<sup>25</sup> have been irregular over the past year, ranging from 4-12 months without adequate stocks. Retail price for one sachet is currently <sup>26</sup> . Zinc is not available commercially in the private market. A number of other treatments for diarrhea (antidiarrheals and/or antibiotics) are the standard practice in both private pharmaceutical outlets (pharmacies or depots) and public sector clinics.

Key Drivers of Behavior: As diarrheal treatment, and particularly zinc, is new to PSI Madagascar, a TRaC study has not yet been conducted. In its planned 2008 TRaC research study among caregivers of children under five, PSI Madagascar will include questions that will focus on the suspected behavioral determinates for use of ORS and zinc - namely availability, knowledge, and outcome expectations. Based on TRaC results, PSI Madagascar will target its communications. Illustrative treatment messages for the individual/household level will stress: 1) the importance of increasing fluids including breast milk and feeding during/after episode; 2) the importance of ORS/ORT and zinc, with a special emphasis on completing the full 10-day course of zinc; and 3) the importance of knowing the danger signs which necessitate referral to trained medical personnel.

Promotion/Communications: As with diarrheal prevention, treatment communications will be disseminated through multiple channels including mass media (especially radio), MVU activities and IPC activities with AVBCs, with the objective of increasing knowledge related to diarrheal treatment and ensuring correct use of the product. They also will be integrated with messages around diarrhea prevention.

Gender Considerations: Women are the primary caretakers of children under five in Madagascar. They are also responsible for the bulk of water collection and storage. Men, however, often control access to scarce financial resources in the household. When a child is sick, it is often the father who will decide whether medical care should be sought. PSI Madagascar will therefore include men as a secondary target audience in both mass media and interpersonal communication activities related to diarrheal prevention and treatment and will emphasize the positive role that fathers can play in maintaining the health of their families.

Product, Price, and Distribution: PSI Madagascar, in collaboration with Abt, plans to launch a program to increase access to diarrhea treatment products for caregivers of children under five, under the USAID funded Point-of-Use Disinfection and Zinc Treatment (POUZN) project. The project will operate through both commercial channels and community-based distribution systems in seven districts in collaboration with MCDI, BASICS and Linkages (See Annex L for a Map of POUZN project sites) who both have strong networks of community-

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25 These rural depots are drug stores, located in small dry goods shops, carrying a range of health care products.

26 US\$1 = -1800 Ariary

based health workers already on the ground. The POUZN strategy is to distribute a pre-packaged diarrhea treatment kit (DTK) containing two sachets of the new low-osmolarity oral rehydration salts (ORS) and a blister pack of ten pediatric zinc tablets.

PSI Madagascar plans to segment the market to target resources to those who most need them. Therefore, a "premium" DTK will be distributed nation-wide through the commercial pharmaceutical system and will be sold in pharmacies and drug retailers at a cost recovery price. A second DTK, containing the same products but accompanied by easy-to-understand pictorial instructions, and targeted at rural consumers, will be sold by trained AVBCs at a subsidized price in the seven pilot districts (five rural and two urban) with high rates of diarrheal disease. These initial pilot activities will be covered by POUZN funds, however, *PSI Madagascar proposes that this project support a nation-wide scale up of the subsidized DTK product via community-based distribution.*

**PSI Cambodia: the First to Launch a DTK**

PSI in Cambodia launched the Diarrhea Treatment Kit (DTK) branded as Orasel KIT in March 2006 as a pilot project in two provinces to test out the strategy of linking zinc to ORS. Orasel KIT contains two sachets of ORS and 10 tablets of zinc. In less than a year, sales reached 33,000 – double what was originally projected. The Orasel Kit is now expanding nationwide, and lessons learned from the pilot are being used in PSI's projects worldwide.

The MOHFP is in the process of launching an integrated campaign to fight pneumonia, malaria and diarrhea at the community level. This initiative will train community health workers (ASBCs) in 50% of the country's health districts in the identification, treatment, and referral when necessary, of these three common and serious diseases. PSI Madagascar proposes to work closely with partners, including the new public sector contractor, BASICS, and the MOHFP, to ensure integration of the new subsidized DTK product into the training and subsequent services of these ASBCs – effectively equipping them to be AVBCs for the DTK. Not only will community-based health workers be able to prevent diarrheal disease, they will also be able to treat simple cases, relieving the burden on the public health sector. PSI Madagascar will add value through its experience in creating and delivering pre-tested, pre-packaged products that will be supported with communications tools. PSI Madagascar will also work with partners to ensure that the training includes an emphasis on the importance of recognizing complicated cases and knowing when to refer to the public health clinic.

As ORS and zinc are considered nutritional and not medical products, commercial distribution of the DTK, (not supported under this proposed project), will be done without prescription. PSI Madagascar will, however, ensure that providers understand the product's importance and are knowledgeable regarding its use. To that end, PSI Madagascar is currently working with BASICS to develop training protocols for private sector providers, with a particular emphasis on drug retailers located in rural settings.

**Result Two: Family Planning and Reproductive Health**

Expand access to high-quality voluntary family planning (FP) services and information, and reproductive health (RH) care thus reducing unintended pregnancy and promoting healthy reproductive behaviors of men and women, reducing abortion, and reducing maternal and child mortality and morbidity

Situation Analysis: Madagascar's fertility rate is 5.2 children per woman.<sup>27</sup> Maternal mortality remains high at 469/100,000.<sup>28</sup> Unmet need for family planning in Madagascar is 24%, with 11% of demand for birth spacing and 13% of the demand for birth limiting. The 2004 DHS also indicated that 39% of women of reproductive age expressed an intention to use modern family planning. Despite a continuing upwards trend in the contraceptive prevalence rate (CPR), nationally the CPR remains low, estimated at: 10% for injectable contraceptives (ICs), 3% for oral contraceptives (OCs), and 1% for condoms.<sup>29</sup> Much of the recent CPR increase in Madagascar has been attributed to increased use of modern methods by rural women. The PSI Madagascar 2006 TRaC survey among women found that these trends are continuing and noted a significant increase in the use of either pills or injectables from 13.4% in 2004 to 18.3% in 2006. The Government of Madagascar has set a target of 30% for the overall national CPR by 2012.

#### ***Social Marketing of Contraceptives***

Market Analysis: PSI Madagascar has socially marketed two hormonal contraceptive products since 1998, *Pilplan* OCs and *Confiance* three-month ICs. In 2005, the World Bank noted that a large part of the contraceptive market increase could be attributed to the expanding coverage of socially marketed products (estimated to contribute about 40-45% of national CYPs currently). The public sector also plays a large role in the provision of family planning in Madagascar, and also continues to grow. A table in Annex M outlines the dramatic growth of the family planning market in the past few years. Private retail sector pharmacies and drugstores carry OCs with high prices starting above 4,000 Ariary (\$2.29) per cycle. Their market share is about 5-7% of the total OC market. No commercial ICs are available.

Key Drivers of Behavior: PSI Madagascar's 2006 TRaC data among women of reproductive age indicated that ***self-efficacy*** with regard to using oral and injectable contraceptives is a key determinant of use. That is, ***women who feel confident in their ability to take pills daily, and/or visit a health care provider for family planning are more likely than other women to use a modern method.*** Similarly, TRaC data indicated that ***beliefs regarding side effects*** are another key determinant of use. Finally, ***perceived availability*** was also identified as a significant determinant of behavior, meaning that ***women who perceived they had access to family planning were more likely to use it.*** Illustrative communication messages are outlined below:

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27 UNFPA Madagascar website. Data downloaded on 5 March 2008.

28 Ibid.

29 DHS, 2004.

**Table Two: Illustrative Communication Messages for Family Planning**

Target Audiences	Behavioral Determinant	Illustrative Communications Messages
Women of Reproductive Age (15-49)	Self Efficacy	<ul style="list-style-type: none"> <li>Remembering to take the pill each day is as easy as remembering to brush my teeth</li> </ul>
	Beliefs	<ul style="list-style-type: none"> <li>Pills and injectables are 100% reversible</li> <li>Side effects of pills and injectables are manageable</li> <li>Pills and injectables are for all sexually active women who want to avoid pregnancy, even younger women</li> </ul>
	Availability	<ul style="list-style-type: none"> <li>Look for the <i>Confiance</i> or <i>PilPlan</i> sign near you</li> <li><i>Confiance</i> and <i>PilPlan</i> are now available with AVBCs in your community</li> <li><i>TOP Réseau</i> doctors in your neighborhood can provide you with high quality family planning services</li> </ul>
Urban Young Women (15-24)	Self Efficacy	<ul style="list-style-type: none"> <li><i>TOP Réseau</i> doctors are willing to talk to me about family planning</li> </ul>

Promotion/Communications: PSI Madagascar will launch mass media communications using TV, MVU, and radio to address myths about side effects and improve self-efficacy with regard to use, as well as enhance perceptions of availability. PSI Madagascar will also continue production and broadcasting of the radio and TV show, "Trust and Confidence, or *Toky sy Antokà*" Additional targeted mass media will be an important strategy for reaching young urban women. This will include: continuing production and broadcasting of the radio and TV show, "Ahy Ny Safidy;" production and broadcast of a new radio spot designed to promote *TOP Réseau* to young, urban women; incorporation of family planning messages into "Revy & Talenta" (a national radio show produced by PSI Madagascar, *SantéNet* and DDC, a local production company); and targeted placement of advertisements in publications for young women. Youth outreach workers in all *TOP Réseau* sites will specifically focus on the needs of young women through distribution of IEC materials created by the MOHFP, UNFPA and USAID's bilateral program; one-to-one meetings designed to encourage questions about sensitive issues; and small group peer education sessions.

Gender Considerations: PSI Madagascar's family planning communications will consider gender-based constraints with regard to women's use of modern contraceptives. Young women often face conflicting messages from important influencers - peers, parents, and young men. PSI Madagascar's communications will promote

**Qualitative Research Unveils Concerns of Young Women**

In late 2007, PSI Madagascar conducted qualitative research to better understand young women's beliefs, perceptions and current practices with regard to preventing unintended pregnancy. Young women said that pills are for married women, and that they preferred the "calendar method." Young women also believed that the pills would make them fat, lazy, unable to sleep, and that pills are not for "good girls." The research also gave insight into young women's aspirations for achieving professional success. These findings will inform PSI Madagascar's family planning communications for young women.

gender-equity, portraying women in positive roles regarding their ability to make health care decisions for themselves.

Products and Services: PSI Madagascar's OC, *Pilplan*, is the principle socially marketed brand. After extensive consumer testing, PSI Madagascar will revise the packaging to reduce costs, incorporate new, key messages into the instructions, and modernize the packaging to appeal to a younger audience. In addition to continuing the social marketing of *Confiance* and *PilPlan*, PSI Madagascar will expand sales of the Standard Days Method (SDM) with *Cyclebeads*, branded *Vakana*, to increase choice.<sup>30</sup> The SDM requires knowledge of the menstrual cycle and is a non-hormonal method, appropriate for women who do not want to use alternate methods.

To segment the market, *PSI Madagascar will introduce a cost recovery priced pill and injectable.* Pending funding from other donor sources, PSI Madagascar will introduce these cost-recovery products in urban areas to enhance the long term sustainability of the family planning program. PSI Madagascar has already completed an initial assessment and is ready to proceed once funds are secured for start up costs. These products will help ensure that USAID supported subsidized products go to those who most need them.

*Long term methods (IUDs and Implants)* will continue to be promoted and delivered to women for whom these methods are appropriate, with the support of additional private donor funds that PSI Madagascar expects to receive. The *TOP Réseau* network will serve as a base for these activities.

Distribution: Community-based distribution through AVBCs working with APONGE will be PSI Madagascar's principle strategy for increased access to modern contraception methods. A new opportunity for expansion was created when FHI, with the logistical and research support of PSI Madagascar, concluded a successful pilot of community-based distribution of the IC, Depo-Provera in 2007. PSI Madagascar and partners expect that the MOHFP will approve AVBC distribution of the IC in the next several months. Once this happens, *PSI Madagascar will work with partners to expand upon the successful pilot and immediately train qualified AVBCs on provision of the injectables to add another highly effective method in rural areas.* Trainings will include skills on safe injections, counseling on side-effects, and strategies for tracking consumers to give injections at required intervals. PSI Madagascar will also expand its partnership with World Conservation Society to link population and environmental issues in environmentally sensitive regions. As noted previously in Result One, PSI Madagascar is partnering with women's associations through the *Ranoray* project. Family planning product distribution will be integrated into this project as well.

As a new, innovative strategy to reach rural areas, *PSI Madagascar will use private sources of funding to partner with NGOs to launch satellite family planning clinic services.* Staff from permanent *TOP Réseau* sites will visit nearby villages on a regular schedule, providing reproductive health services, counseling on modern methods, and increasing access to products. PSI Madagascar will explore partnerships with UNICEF and the MOHFP to provide these satellite services, along with MVU presentations and outreach work, at

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<sup>30</sup> As recommended in USAID's 2006 report, "Mission to Assess the Potential for Introduction of Evidence-based Family Planning Practices in Madagascar" PSI Madagascar introduced the Standard Days Method (SDM) with *Cyclebeads* through community-based distribution agents, (AVBCs), in 2008.

vaccination days and community health events. Radio and other media will communicate the satellite clinic schedules and services.

Finally, PSI Madagascar will also intensify training activities for medical depots' and pharmacies' staff members on modern methods of contraception. A medical detailing team will provide staff members with job aids to improve counselling and answer client questions about specific methods and about side effects. Medical detailers will use data from the 2005 MAP study as well as monthly sales data to ensure that products are available in retail outlets throughout the country. Point-of-purchase materials will serve to both motivate retailers to stock products and indicate to consumers where products can be obtained. PSI Madagascar will also continue providing medical education and skills training for family planning and modern methods to both public and private sector doctors in partnership with CROM (Conseil Régional de l'Ordre des Médecins), the MOHFP, and local training agency, ITEM.

**Result Three: Malaria - Reduce malaria related mortality through support for implementation of PMI, related malaria control programs and malaria research activities**

Situation Analysis for Malaria: More than 90% of the population is at risk of malaria. According to the 2004 *Annuaire Statistique de Santé*, **malaria is the leading cause of mortality among children under-five in Madagascar.** Although it is known that pregnant women are an important risk group for malaria, no figures are available on related morbidity or mortality. More than one million presumed cases of malaria are reported each year<sup>31</sup> and malaria accounts for 16% of outpatient consultations nationally.

**Malaria Prevention through Use of Insecticide Treated Nets and IPTp**

Situation Analysis, Current Use of Prevention Methods: The 2006 TRaC malaria survey conducted by PSI Madagascar showed **significant increases in the ownership and use of insecticide treated nets (ITNs) over time.** According to this study, 45% of households owned at least one ITN compared to 22% in 2004 - a 74% increase in ownership over two years. The proportion of pregnant women who slept under an ITN more than doubled from 12% percent in 2004 to 28% in 2006. For children under five years old, the same proportion rose similarly from 16% percent in 2004 to 38% percent in 2006. While progress has been made, the country still has a long way to go to reach its ambitious goals as outlined in the National Malaria Strategic Plan: 100% of households owning at least two ITNs, and 85% of pregnant women and children under five sleeping under ITNs. According to the 2004 DHS, use of sulfadoxine-premethamine (S/P) for the preventative treatment of pregnant women (IPTp) is low at 35%.

Summary of the Market: In close collaboration with the MOHFP, PSI Madagascar first began social marketing long lasting insecticide treated nets (LLINs) in 2001 under the brand name *Super Moustiquaire* at a cost-recovery price of

Soon after, PSI Madagascar also launched an LLIN pilot program that involved subsidized distribution of LLINs at public health centers in two districts to pregnant women and caregivers of children under five. The successful results of this pilot program led Roll Back Malaria (RBM) partners to develop a new national strategy to scale up LLIN coverage using a complementary distribution system. The new approach, included as a component of the National Malaria Strategic Plan, promotes the routine distribution of

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31 2005 Health Statistical Yearbook

free LLINs through public health clinics and campaigns such as maternal and child health (MCH) weeks, complemented by the distribution of Super Moustiquaire LLINs by PSI Madagascar at highly subsidized prices (approx. \$1.50) at the community level through AVBCs working with APONGE partners, as well as in the commercial sector. PSI Madagascar supports this new strategy and assists with free distribution campaigns at the request of the Government of Madagascar. The cost recovery net has been discontinued.

With the support from USAID, GFATM Rounds 1 & 4, the National Malaria Control Program (NMCP) and partner NGOs, PSI Madagascar has distributed more than 3 million LLINs to date. PSI Madagascar is also a principal recipient for GFATM Round 7 for malaria, which should begin financing malaria activities in mid-2008. As part of this grant, NGO and CBO partners will be financed as sub-recipients for community-based interventions including training and support of product provision to AVBCs in the prevention and treatment of malaria. The zones of coverage are focused in the south, west and northern regions of the country. See map attached in Annex F. PSI Madagascar is also responsible for procurement of Government of Madagascar distributed LLINs and has a trusted position as a key partner in the fight against malaria.

Key Drivers of Behavior: The 2006 TRaC malaria study demonstrated two significant behavioral determinants driving the use or non-use of LLINs. The first is *availability*, which is the extent to which the promoted product or service is perceived to be found in a pre-defined given area. *Those who perceive that LLINs are available in their communities are more likely to use them.* The behavioral determinant known as *beliefs* was found to be the second determinant influencing behavior with regards to the use or non-use of LLINs. Qualitative research shows that *false beliefs with regards to LLINs in Madagascar are centered on misunderstandings regarding malaria transmission and the effects of the insecticide in the nets on the health of users.* The table below shows illustrative communication messages that PSI Madagascar, some of which are already in use, will employ to address these areas. The behavioral outcome that will be promoted will be the consistent, year-round use of LLINs by target audiences.

Table Three: Illustrative Communication Messages for LLINs

Target Groups	Behavioral Determinant	Illustrative Communications Messages
Caregivers of Children Under Five and Pregnant Women in Rural Areas	Availability	<ul style="list-style-type: none"> <li>▪ LLINs are distributed at sales points with <i>Super Moustiquaire</i> signs and by CHWs in your locality</li> </ul>
	False Beliefs	<ul style="list-style-type: none"> <li>▪ Insecticide on nets only kills mosquitoes, and is not harmful to health</li> </ul>

Promotion/Communications: The malaria prevention communication plan focuses on mass media (mostly radio), MVU activities and IPC activities conducted by AVBCs. In addition to its efforts to ensure correct and consistent use of LLINs among the target audiences, PSI Madagascar will also work with the MOHFP and JHPIEGO to integrate messages into its communications campaigns for malaria prevention that address the importance of pregnant women going to public health clinics to receive IPTp. Radio spots will highlight where to obtain LLINs until research results indicate availability is no longer a driver of behavior. In April 2008, PSI Madagascar will launch an educational radio series called *Aina Sarobidy (Precious Life)*, which tells the story of a

rural family learning about the importance of malaria prevention and treatment. Educational television shows and music videos featuring local celebrities will be developed throughout the life of the project.

Gender Considerations: Although pregnant women and children under five are the most vulnerable to malaria, they are often not given access to nets, even if the household has a net. Men often claim the privilege of sleeping under a net if it is available. PSI Madagascar will address this complicated issue by: 1.) ensuring that all communications stress the importance of LLINs to saving lives of pregnant women and children under five; 2.) supporting the Government of Madagascar's free LLIN distribution campaigns for pregnant women and children under five at health clinics and in maternal and child health week campaigns; and 3.) supporting the Government of Madagascar's strategy of ensuring at least two LLINs per household.

Product, Price and Distribution: AVBCs working under APONGE partners will continue to be the main conduit for distribution of LLINs at the community level and the number of trained AVBCs will be expanded greatly with additional GFATM resources. Due to the high product demand and significant margins, ( , LLINs are the driving force of the AVBC distribution mechanism. They have turned the work of community health workers into a small business opportunity. Other disease areas with products that have lower margins and lower donor investments benefit from this system. Under this project, PSI Madagascar will coordinate its work with GFATM Round 7 sub-recipients, the follow-on public sector contractor, and other NGOs to build and strengthen this network. PSI Madagascar will focus its distribution of the LLINs procured with funds from USAID and other sources in those regions that are in the most need. Some nets will be purchased USAID funds, while others will be purchased with GFATM support as part of the proposed cost share. For the commercial distribution of *Super Moustiquaire*, PSI Madagascar will continue to employ a traditional private sector model. As mentioned in Result One, PSI is exploring the use of non-traditional wholesalers in rural zones that will improve supplies of socially marketed LLINs in underserved areas. PSI Madagascar will also continue to work with the Government of Madagascar to provide logistic support for free LLIN distribution during maternal and child health week and vaccination campaigns.

According to PSI's malaria TRaC survey, willingness to pay was not a significant driver of behavior (in other words, the price of the product does not currently appear to be a barrier to use). PSI Madagascar will, however, continue to measure this indicator in its research to ensure that *Super Moustiquaire* continues to be considered affordable - especially in rural settings.

#### ***Pre Packaged Therapy (PPT) for Community-based Management of Malaria***

Situation Analysis, Use of PPT for Malaria: Results from the 2006 Malaria TRaC demonstrated that the proportion of children under five with malarial fever receiving appropriate management (according to the national policy) within 24 hours of the onset of fever remained high and showed a non-significant increase from 65% in 2004 to 66% in 2006. Among women who had reported that their children under five had malaria during the previous 12 months, 22% in 2006 used PPT to treat fever for the last case of the disease compared to 8% in 2004. Also, among women who reported using PPT for their children under five, 83% in 2006 reported that they had completed the dose as directed compared to only 51% in 2004.

Market Summary: PPT consisting of chloroquine for home management of simple malaria cases for children under five was first introduced by PSI Madagascar in collaboration with RBM partners in December 2003. With seed funding from PSI Washington, PSI Madagascar purchased 1.4 million PPT kits. Funding from the World Bank and GFATM Round 4 enabled the program to scale up rapidly. This malaria PPT is distributed under the brand name, *PaluStop*, at a subsidized consumer price of approximately through commercial and community-based distribution channels. Using *PaluStop* as a model, the MOHFP developed a similar chloroquine-based anti-malarial, *Ody Tazo Moka*, for distribution in the public sector.

Due to a rising resistance to chloroquine in the country, Madagascar is transitioning its first-line anti-malarial treatment to ACTs, which are now currently available only in public sector facilities. PSI Madagascar is now working closely with the MOHFP, Institut Pasteur and NGO partners to develop ACT PPT kits under the brand name *ACTIPAL* for home management of malaria in children under five, at a subsidized consumer price set by the RBM Partnership of 100 ariary ( ). These kits have been financed by IDPA/UNITAID and GF Round 4. Unfortunately, the product is not the ideal format for distribution at the community level due to its co-blister format - two pills per day, instead of one per day, for three days. For children under one, the user must break each pill in half. These treatment kits will be distributed initially only by trained pharmacists and private sector doctors. PSI Madagascar is also working with BASICS and other partners to train qualified AVBCs to distribute the *ACTIPAL* kits at the community level. The launch is planned for May 2008. A new co-formulated ACT product will soon be pre-qualified by the World Health Organization. With only one pill to take for a course of three days and separate products for children under one and those aged 1-5 years, this new product has clear advantages over previous formulations for community-based distribution.

Key Drivers of Behavior: In light of the fact that the country is shifting from chloroquine-based anti-malarials to ACTs, the 2006 TRaC research results must be used with caution. The two main behavioral determinants driving the use or non-use of malaria PPTs were found to be **availability** and **willingness to pay**.<sup>32</sup> Because ACT will be a new product, PSI Madagascar will also focus its messaging on increasing knowledge related to the signs of malaria and to correct use. The below table shows some illustrative malaria ACT communication messages:

Table Four: Illustrative Communication Messages for ACT

Target Groups	Behavioral Determinant	Illustrative Communications Messages
Caregivers of Children under Five in Rural Areas	Availability	<ul style="list-style-type: none"> <li>▪ ACTs are distributed at sales points with promotional signs and by AVBCs in your locality</li> <li>▪ ACTs are available at public health clinics (CSBs) in your locality</li> <li>▪ ACTs are easy to find</li> </ul>

<sup>32</sup> It is believed that one of the reasons that willingness to pay came out as a driver of behavior was due to the fact that respondents were aware of the transition to ACTs and were therefore less willing to pay for *PaluStop*. Willingness to pay will continue to be measured to ensure PSI Madagascar's products are considered affordable by its intended target audience and that price is not a barrier to use. Prices will be set in collaboration with the RBM Partnership in Madagascar.

	Willingness to Pay	<ul style="list-style-type: none"> <li>▪ ACTs are sold near you at the affordable price of 100 ariary (\$0.05)</li> <li>▪ ACTs are free at government health clinics</li> </ul>
	Knowledge	<ul style="list-style-type: none"> <li>▪ Fever is a sign of malaria</li> <li>▪ There is a new medication to treat malaria in children under five</li> <li>▪ Instructions for ACT use are easy to follow</li> </ul>

Promotion/Communication: Brand marketing for pharmaceutical medications in Madagascar is restricted. PSI Madagascar will therefore promote malaria treatment via educational radio shows. PSI Madagascar also will create educational films that will be shown by its eight MVU teams. Films addressing malaria prevention and treatment will be integrated together. Pre-tested promotional items and educational brochures will also be produced to support ACTIPAL and the future co-formulated ACT brand in pharmacies, private medical clinics and medical stores. A subset of qualified AVBCs will promote the product in their communities.

Product, Price and Distribution: With funding from GFATM Round 4 and USAID, PSI Madagascar will begin pre-testing product designs such that it will be able to bring the new co-formulated ACT into Madagascar as soon as possible. GFATM Round 7 support will cover the cost of the new ACT product as part of the proposed cost share. As with *PaluStop* and *ACTIPAL*, packaging and usage instructions will include pictures that are easy to follow for all caregivers of children under five - including those who are illiterate. A launch of this co-formulated ACT is expected in the first half of 2009. *PSI Madagascar will work with partners to promote the policy change that the new co-formulated ACTs should be made widely available via AVBCs as soon as possible.* The price will be set in collaboration with RBM partners to ensure it is affordable.

PSI Madagascar will distribute the new product through the pharmaceutical sector and private clinics, and at the community level through the AVBCs, with guidance from the NMCP and in collaboration with partners. Medical detailers will focus training and supervisory visits regarding the new product on medical depots, which are typically in more rural areas than pharmacies. Finally, PSI Madagascar will work with the MOHFP, the follow-on public sector contractor and NGO partners in developing the curriculum for the training of AVBCs on the new product.

**Result Four: HIV/AIDS- Reduce the transmission and impact of HIV/AIDS through support for prevention, care and treatment programs.**

Situation Analysis: Madagascar is considered a low HIV prevalence country with less than 0.5% prevalence in the adult population. Among high risk groups, the reported prevalence was 0.69% among STI clients and 1.36% among female sex workers (FSWs).<sup>33</sup> At the same time, Madagascar has one of the highest STI rates in the world, which reflects the magnitude of risky behaviors and the potential for HIV infection to spread. Miners, truckers, migrant workers and other high risk men (HRM) often engage in behaviors that put them at increased risk of STI/HIV infection. Consistent condom use among high risk groups is fairly low; PSI's TRaC surveys among FSWS and HRM showed that only 72.3% FSWS reporting using a condom most or all of the time with

33 UNAIDS, 2006.

clients, and only 59.0% of HRM used a condom at last sex with a casual partner. Among unmarried urban youth (15 -24), 43.8% reported having engaged in sex, although reported levels of abstinence have been increasing since 2003.<sup>34</sup> Men who have sex with men (MSM) are another stigmatized group in Madagascar at increased risk for HIV and STIs.

**Comprehensive Behavior Change Communications and Condom Promotion**

Market Analysis: PSI Madagascar's total condom distribution is approximately 54% of the total market for condoms, including both *Protector Plus* and USAID donated free distribution condoms. Public sector distribution and other socially marketed brands have approximately 45% of the total market, with the private sector contributing less than 2% of the market. PSI Madagascar currently works with partners, including the HIV/AIDS Alliance, on targeted outreach with FSW and MSM and has been an active partner in the preparation of the national STI/HIV prevention strategy.

Key Drivers of Behavior for the "ABCs": The table below outlines target behaviors (abstinence, be faithful, and use of condoms correctly and consistently when appropriate), the target groups for each behavior, and the significant key determinants by target group for the behavior that will be the focus of project interventions. Knowledge of STI/HIV prevention is an important component of the National HIV/AIDS Strategic Framework and will therefore also be a focus of the proposed social marketing project's work among youth (15-24).

**Table Five: Selected Behavioral Determinants for STI/HIV Prevention by Target Group**

Behavior	Target Group	Key Behavioral Determinant & Description of Desired Outcome
Abstinence and delayed sexual debut	Youth 15-18	<ul style="list-style-type: none"> <li>▪ <i>Social Norms</i> - Youth report that it is normal for people their age to abstain or wait for sex.</li> <li>▪ <i>Knowledge</i> - Youth are able to correctly identify ways to prevent HIV/STI</li> </ul>
Reduction in multiple partners (Be faithful)	Sexually active youth, 15-24 in TOP Réseau (TR) sites	<ul style="list-style-type: none"> <li>▪ <i>Social Norms</i> - Decreasing number of youth report that their friends have more than one sexual partner.</li> <li>▪ <i>Self Efficacy</i> - Youth report that they are able to refuse sex with someone other than their partner</li> <li>▪ <i>Knowledge</i> - Youth are able to identify ways to prevent HIV/STI</li> </ul>
	High-risk men	<ul style="list-style-type: none"> <li>▪ <i>Self Efficacy</i> - HRM report that they are able to limit the number of their sexual partners</li> </ul>
Correct and consistent condom use	Sexually active youth, 15-24 in TR sites	<ul style="list-style-type: none"> <li>▪ <i>Self Efficacy</i> - Youth report they are confident using condoms</li> </ul>
	High Risk Men	<ul style="list-style-type: none"> <li>▪ <i>Social Norms</i> - HRM report that their friends always use condoms with casual partners</li> <li>▪ <i>Availability</i> - HRM report that condoms are available when needed.</li> </ul>

<sup>34</sup> PSI Madagascar's TRac survey among Youth 15 - 24 in TOP Réseau sites.

		<ul style="list-style-type: none"> <li>▪ <i>Self Efficacy</i> - HRM report they are able to convince casual partners to use a condom.</li> </ul>
	<p>Female Sex Workers in TR sites</p>	<ul style="list-style-type: none"> <li>▪ <i>Social Norms</i> - FSW report that other FSW always use condoms with their clients</li> <li>▪ <i>Self Efficacy</i> - FSW report that they are able to convince their clients to use condoms</li> </ul>

Promotion/Communications: *PSI Madagascar will employ "ABC" messages appropriately, based on target groups, and all communications will consider gender issues.* Interpersonal communication strategies for each target audience are described below.

Youth: Youth 15-18 are the principle target group for BCC campaigns to promote abstinence and delay sexual debut. *PSI Madagascar will continue to participate in the "Carton Rouge" campaign.* Young women are given a red card with the phrase "Aok'Aloha" or "Stop." The Carton Rouge program teaches young women to use the red card to help them say no to sex. PSI Madagascar's youth outreach workers in TOP Réseau sites will also encourage delayed debut and abstinence in small group activities and during one-to-one meetings. Outreach workers will talk about preventing STI/HIV and pregnancy through abstinence and young men and women learn negotiation skills in order to abstain from sex.

*With sexually active youth, PSI Madagascar will encourage partner reduction and consistent condom use.* Activities will include MVU sessions, peer education group sessions, and one-to-one peer education meetings. Youth outreach workers will manage group sessions with sexually active youth in single sex groups appropriate for building self-efficacy related to refusing sex with someone other than their partner. Both men and women will be taught how to use condoms correctly, and encouraged to use them consistently, as well as to reduce their number of partners.

High Risk Men: In TOP Réseau sites, HRM outreach workers and MVU teams will manage sessions to build self-efficacy for condom use. New mini-films for MVUs will be screened in areas where HRM work or congregate. The MVU shows will be entertaining and educational, and will incorporate condom demonstrations and audience participation. MVU films and peer education activities will be designed to quickly convey key messages and build skills for correct condom use. For example, outreach workers will facilitate games that incorporate condom demonstrations and "product trial." PSI Madagascar will also work with private sector companies, such as Madarail, Colas, and QMM Tinto, who employ HRM, to develop peer education programs and workplace interventions.

MSM: In 2007, PSI Madagascar launched a program to target MSM with behavior change messages. PSI hired MSM outreach workers in two TOP Réseau sites. The outreach workers mapped locations where MSM congregate and built trust within the community. No TRaC studies have been conducted with MSM, but using future GFATM support, PSI Madagascar will explore the determinants of high risk behavior for this stigmatized group. In the proposed USAID project, PSI Madagascar will create IEC materials and job aids in close collaboration with MSM with the aim of promoting safer sexual behaviors, including correct and consistent condom use and partner reduction. PSI Madagascar and its partners will expand MSM activities to two new sites in

the next two years, after site assessments.

FSWs: PSI Madagascar currently implements FSW outreach programs in all seven TOP Réseau sites. All of the outreach workers are former sex workers who have been trained to promote consistent condom use and change social norms for condom use. FSWs are trained in sales skills that enable them to sell condoms to their clients, and condom negotiation skills that enable FSW to insist on condom use with every client. PSI Madagascar and its partners will continue work with FSWs in the proposed project and will develop new, updated IEC materials and job aids to reinforce communication messages. The HIV/AIDS Alliance will work with sex worker associations to create a more empowering atmosphere for FSWs to learn from their peers and practice safer behaviors.

Mass Media: In February 2008, PSI Madagascar, the bilateral public sector project SantéNet, and a local media company, DDC, launched an innovative new radio drama, "Revy & Talenta," (R & T) which means "Dreams & Talents." R&T addresses gender dynamics by telling the story of the young woman who is confronted with choices about having sex to further her career. After each episode is aired, presenters conduct live interviews with youth around the country about themes related to delayed debut, prevention of STIs, and condom use. The interviews are quickly edited and inserted into the end of the next episode, interactively linking the target group to the mass media. *Ahy Ny Safidy* is PSI's national radio show targeted to youth 15-24 years old. PSI Madagascar produces several new shows per quarter that are broadcast at regular intervals and times on regional and national radio. The show covers topics related to reducing risky sexual behavior, promotes condom use, STI symptom recognition, and treatment. PSI Madagascar will continue to produce and air episodes of "Revy & Talenta," and "Ahy Ny Safidy" as part of its ABC campaign for youth in the new proposed project.

High risk men (HRM) are located throughout Madagascar, so targeted mass media is an effective communications channel to reach this group. PSI Madagascar is therefore airing *Protector Plus* spots on both TV and radio targeted to HRM. The slogan of the campaign is "*Protector Plus is always with me.*" The campaign addresses social norms for consistent condom use with non-regular partners. Based on evaluation data from the campaign, PSI Madagascar will design and launch updated TV and radio condom promotion spots targeted at HRM throughout life of the proposed project. PSI Madagascar also recently launched "*Gasy Band Cool*," a TV and radio show targeted to HRM in late 2007. "*Gasy Band Cool*" includes music and messages in an entertaining but educational format. PSI Madagascar will evaluate the impact of "*Gasy Band Cool*" during 2008 and will continue to refresh the content and the format based on research in the new project.

Products, Price and Distribution: PSI Madagascar will increase access to and demand for condoms by increasing coverage for condoms in high-risk urban zones and rural communes. The 2005 condom MAP study showed that coverage varied across regions. PSI Madagascar will work to ensure that all regions meet minimum standards over the life of the project: 70% of urban and 50% of rural outlets stock condoms, and of identified high risk zones in target sites, at least one retail outlet stocks condoms in each zone. In 2008, PSI Madagascar will also produce updated point-of-purchase materials for *Protector Plus* and *Feeling* female condoms and will continue to expand coverage into high-risk outlets such as non-formal brothels, bars and outlets open later in the evening. PSI Madagascar will also ensure condom distribution in rural areas by integrating condoms into the work of AVBCs

working with APONGE partners and by increasing the number of rural outlets that stock condoms. Unbranded lubricant will be launched for distribution to high risk groups, including MSM and FSWs. Finally, *Feeling* female condoms will continue to be distributed by FSWs themselves, via sex worker associations, and through NGOs such as HIV/AIDS Alliance who distribute them for free to FSWs and their clients.

#### ***Comprehensive STI Case Management and VCT Services***

Market Analysis for STI Services: PSI Madagascar launched two pre-packaged STI treatment kits - *Cura 7* in 2002 and *Genicure* in 2003 - with support from multiple donors. *Cura 7* treats gonorrhea and chlamydia, and *Genicure* treats syphilis and chancroid. Both kits contain the regime of antibiotics recommended by the MOHFP, as well as condoms, IEC materials and partner referral cards. Pre-packaged therapy is an aid for doctors and other health care providers to prescribe the correct drug, dosage, and duration of treatment, and research has shown that pre-packaged kits increase cure rates. The Government of Madagascar was encouraged with the results of *Cura 7* and *Genicure* and as a result created similar kits for distribution in the public sector. PSI Madagascar distributes 53% and 54% of *Genicure* and *Cura 7*, respectively, while the public sector distributes the remainder. PSI Madagascar also works with providers, both in the public and private sector, in *TOP Réseau* sites to increase provider knowledge and skills regarding STI diagnosis and treatment. PSI Madagascar is an active member of the STI working group. A subset of *TOP Réseau* clinics have been trained to offer high quality voluntary HIV counseling and testing (VCT) services.

Key Drivers of Behavior: The table below outlines target groups and the significant determinants for seeking STI services in Madagascar.

**Table Six - Behavior Determinants for STI Treatment Seeking**

Target Group	Behavioral Determinant and Desired Outcomes
Sexually active youth, 15-24 in <i>TOP Réseau</i> sites	▪ <i>Availability</i> - youth 15-24 report that they know where to find STI treatment services
	▪ <i>Belief</i> - sexually active 15-24 year old youth believe STI must be treated medically to be cured.
High Risk Men in <i>TOP Réseau</i> sites	▪ <i>Availability</i> - HRM report that they know where to find STI treatment
	▪ <i>Self Efficacy</i> - HRM report that they can go to the doctor to get treated when they have STI symptoms
Female Sex Workers in <i>TOP Réseau</i> sites	▪ <i>Availability</i> - FSW report that they know where to find STI treatment services
	▪ <i>Self Efficacy</i> - FSW report that they can go to the doctor to get treated when they have STI symptoms

Promotion/Communication: PSI Madagascar will design campaigns using multiple communications channels focused on IPC, but also to include targeted mass media, to promote both STI services and the use of the STI kits. Outreach workers will continue to promote *TOP Réseau* for STI treatment using MVU nights, group activities and one-to-one meetings. FSW outreach workers will also promote *TOP Réseau* clinics to their peers as low priced, high quality services.

Products, Services, Distribution and Price: PSI Madagascar will continue to seek additional donor support for the procurement of the STI kits as part of proposed cost share. In order to increase sustainability and ensure availability, PSI Madagascar will reduce the cost of packaging - both of materials and assembly of the kits. The medical detailing team will intensify efforts to increase the number of outlets that carry Cura 7 and Genicure and train retailers to use updated job and counseling aids to ensure correct use. PSI Madagascar will produce new job aids and point-of-purchase materials, as well as updated technical materials for pharmacists and other staff.

In the next five years, PSI Madagascar will provide at least two refresher trainings on STI syndromic management to TOP Réseau doctors each year. Area coordinators will conduct monthly monitoring and support visits to TOP Réseau clinics to reinforce and refresh skills for STI syndromic management, patient counseling on treatment compliance, and to ensure compliance with minimum quality standards. Each quarter, Area Coordinators will conduct a "rapid audit" of tools and materials in TOP Réseau clinics. PSI Madagascar will also continue to work closely with the MOHFP and local CROM members to offer continuing medical education on syndromic management of STIs to public sector doctors in TOP Réseau sites. PSI Madagascar will also train select TOP Réseau providers on STI treatment for MSM. The two-day training educates doctors about STI presentations among MSM, and gives doctors new skills required for appropriate examination and syndromic diagnosis. A large part of the training is dedicated to sensitization of doctors to the unique needs of MSM, including counseling and overcoming discrimination. Two MSM trainings have already occurred at select TOP Réseau sites, beginning in early 2008.

Finally, qualitative research shows that price of treatment may be a barrier for FSW; FSW reported that they would prefer to visit lower priced clinics even knowing that services were of an inferior quality. In all TOP Réseau sites, FSW outreach workers now distribute coupons for reduced prices for STI treatment at TOP Réseau clinics to overcome the barrier of price.

#### ***Reproductive Health Services for Adolescents***

Products and Services: The TOP Réseau social franchising network will continue to be the nexus of reproductive health services targeted to youth. PSI Madagascar has successfully promoted TOP Réseau as a location for youth-friendly, affordable reproductive health services. TOP Réseau currently includes 145 clinics with 204 trained doctors in seven urban sites throughout Madagascar.

*In the proposed project, PSI Madagascar will expand TOP Réseau clinics to three new sites: Fianarantsoa, Moramanga, and Toliara, as well increasing the number of clinics in Antsirabe.* In the smaller towns of Moramanga and Toliara, PSI Madagascar will train providers and support communications and condom promotion activities already underway, pending expected new resources from a private donor. Larger cities will have more communication resources dedicated to them than smaller towns. Throughout all five years of the program, PSI Madagascar will continue to train all TOP Réseau members to improve skills and knowledge considered essential to providing high quality reproductive health services.

*PSI Madagascar will also expand VCT services to three cities, ensuring at least one VCT site per TOP Réseau project site.* TOP Réseau Plus is the brand name where VCT services are available. Currently, there are 16 TOP Réseau

Plus clinics. PSI Madagascar will train five new providers in VCT by the second quarter of 2009.

Finally, as noted in Result Two, in order to increase reach to underserved rural and peri-urban areas, PSI Madagascar will launch a *TOP Réseau* satellite pilot program in 2009.

Promotion/Communication: In the first year of this new proposed program, PSI Madagascar will launch a new, evidence-based, multi-media campaign to promote *TOP Réseau* services to youth 15-24, with an emphasis on young women, using information gathered from qualitative research. IPC activities with youth outreach workers will also continue to promote the franchise as a youth friendly service. Outreach workers will distribute *TOP Réseau* coupons to youth to reduce the cost of initial visits for those who are unable to pay.

**B. Cross Cutting Issues**

**Gender:** PSI Madagascar is committed to integrating gender considerations in its programs and at all levels of the organization. Customs and social norms in Madagascar give men more authority over the household decision-making and finances.<sup>35</sup> Women have lower literacy rates than men, with 29% of women unable to read compared to 25% of men.<sup>36</sup> Yet, in child health, parents give girls and boys similar levels of health care. For example, 39% of children 0-59 months, regardless of sex, were taken for treatment for ARI.<sup>37</sup> Gender inequality is more pronounced, however, in sexual relations. Men are more likely to have multiple sexual partners, be engaged in high risk sex, and control condom use.<sup>38,39</sup> Expected gender roles and norms often compel men into modes of behavior that they would not necessarily prefer. PSI Madagascar will design program interventions that take gender issues into account and that portray more equitable roles for both men and women. The table below outlines the principle program strategies to address gender issues and provides examples of how gender will be mainstreamed into PSI Madagascar's proposed social marketing project.

**Table Seven: Illustrative Gender Mainstreaming Approaches**

Program Area	Illustrative Approaches
Communication	<ul style="list-style-type: none"> <li>▪ Portray women positively and promote women's involvement in decision-making</li> <li>▪ Focus on the positive role that the father can play in the health of their families</li> <li>▪ Peer education for youth will give young men and women negotiation skills for refusing sex or when sexually active, for condom use</li> <li>▪ Peer education will empower FSWs to insist on condom use in all sexual encounters</li> <li>▪ Programs targeting HRM will promote more positive interactions with women and will stress the illegality and immorality of both rape and violence against women</li> </ul>
Distribution	<ul style="list-style-type: none"> <li>▪ Community-based distribution will bring essential health products</li> </ul>

35 [www.state.gov](http://www.state.gov) Country Reports on Human Rights Practices, 2006 Released by the Bureau of Democracy, Human Rights, and Labor, downloaded on 3 March 2008

36 DHS 2003

37 Ibid.

38 Ibid.

39 PSI HIV TRAC survey 2006

n	<p>to women in rural areas</p> <ul style="list-style-type: none"> <li>▪ Training for AVBCs related to counseling on modern methods of contraception will allow women to make decisions about their future</li> <li>▪ Home-based prevention and care for diarrhea and malaria will involve both mothers and fathers in family health decision making</li> <li>▪ Appropriately packaged and priced products, such as ACT for malaria treatment, will provide women with fewer financial resources and lower literacy levels with more choice with regards to their family's health</li> </ul>
Clinical Services	<ul style="list-style-type: none"> <li>▪ Providers will be trained in youth-friendly counseling, especially for young women's reproductive health services; but also for FSWs and MSM</li> <li>▪ Services will be priced affordably so women have more choice</li> <li>▪ Clinics will be equipped adequately for STI diagnosis for women (private examination area, etc.) and MSM</li> <li>▪ Doctors will accept coupons from FSW and young women</li> </ul>
Research	<ul style="list-style-type: none"> <li>▪ PSI Madagascar will disaggregate all research by gender to determine differences in health behaviors or determinants and impact on women</li> <li>▪ PSI Madagascar will conduct qualitative research around gender norms and roles to ensure that programs speak realistically, but encourage more equitable roles for men and women</li> <li>▪ Interviewer gender will be considered when conducting research on sensitive issues</li> </ul>
Management	<ul style="list-style-type: none"> <li>▪ Women managers will be encouraged to enroll in professional advancement courses</li> <li>▪ PSI Madagascar will monitor professional advancement by gender</li> <li>▪ PSI Madagascar will hire PACT to conduct a gender audit of both programmatic and management areas in early 2009.</li> </ul>

**Building Local Capacity:** In 2004, PSI received funding from the Royal Netherlands Embassy for an innovative regional project to improve the capacity of its social marketing interventions in 12 southern African countries, including Madagascar. The project, dubbed the "REsuLTS Initiative, has been of great value to PSI Madagascar in improving staff's ability to use state of the art techniques to design, implement, monitor, and evaluate social marketing interventions. The REsuLTS Initiative uses distance education, technical assistance, cross-border exchanges and regional workshops. Participation by PSI Madagascar local staff was high for the distance learning component: 11 program staff completed the evidence-based social marketing course; 12 researchers received in-depth instruction on research methods; 25 managers have graduated from the management and leadership course; and 30 administrative staff completed the time management course. The courses were so well received that PSI Madagascar plans to roll the courses out to the coordinator level. The funding is expected to continue into Phase II and will allow for the training of additional staff. Finally, building the capacity of local CBO/NGO partners to implement evidence-based social marketing is a key strategy of the proposed project through APONGE, and in collaboration with Voahary Salama, as noted in the section describing project strategies.

**Integration:** PSI Madagascar and its partners will work across health areas to implement programs that are fully integrated. Reproductive, maternal and child health and malaria are all deeply intertwined, affecting poor and

vulnerable populations in rural areas together. Success (or failure) in one area, such as malaria, can free up resources to focus on other areas, or drag down progress. These "diagonal effects," however, can have many benefits for populations where integrated interventions are ongoing. Integrated programs also offer many opportunities to reach target audiences, especially rural women and caretakers of children under five, more cost-effectively than a vertical program operating in isolation could. PSI Madagascar's current structure places family planning and reproductive health issues in a different department than malaria and prevention of diarrheal disease. Activities are coordinated somewhat through shared planning sessions and regular meetings, but to mixed success. In the new project, PSI Madagascar will work with JHPIEGO to better integrate messages and activities between the two departments through the creation of a new department that can act as the link between the two. This department will be uniquely placed to be dedicated to safe motherhood issues affecting pregnant women.

**Population-Environmental Linkages:** PSI Madagascar and its partners will work in a coordinated way with environment programs operating in the biologically diverse regions of Madagascar. Rapid population growth, combined with poverty and migration, places pressures on natural environments. Furthermore, improper management of natural resources, such as water, can lead to adverse health effects for families and communities such as diarrheal diseases and malaria. Partnering with environmental organizations through APONGE has allowed PSI Madagascar to reach remote populations that would otherwise go unserved very cost effectively. Conversely, for the environmental organizations, partnership with PSI Madagascar has allowed them to bring benefits to communities to facilitate their work of managing natural resources. For this proposal PSI Madagascar has teamed with Wildlife Conservation Society (WCS) to continue and expand its partnership in areas in and around Masoala National Park. The partnership will entail training of additional AVBCs to continue community-based distribution of essential health products, with a focus on family planning. During the life of the project, PSI Madagascar will also seek partnerships with other environmental organizations including DWT, World Wildlife Fund, and Conservation International to pursue similar activities in other environmentally sensitive regions.

**Partnerships:** PSI Madagascar places a high priority on partnering and collaboration, as demonstrated by its partnership with the Government of Madagascar under the GFATM as a Principal Recipient. Under the guidance and support of USAID, PSI Madagascar will continue to work closely with all partners, including the MOHFP, as well as the Ministries of Energy, Education, and Youth. PSI Madagascar will also coordinate its activities in close consultation with the new public sector contractor supported by USAID and the constituent members of the USAID expanded program (eg. HIP, Basics, FHI, etc.). PSI Madagascar will work with national

#### Reaching the Unreachable

PSI Madagascar engaged HoverAID in 2006 to send a hovercraft equipped with PSI products and trained outreach workers, along with audio-visual equipment, down the Mangoky River to reach isolated communities. The team provided community members with products and health messages, as yet untouched by either the public, private or NGO sectors. *PSI Madagascar will work with MAF (Mission Aviation Fellowship) and HoverAID to replicate this activity in other isolated communities*, to include not just prevention products and messages, but also essential medical services, including family planning (ie Medical Safaris). Volunteer doctors from Madagascar will provide treatment, while PSI Madagascar expertise will focus on prevention and product distribution.

coordinating bodies such as WASH, RBM, the child survival working group, CCM subcommittees, the CNLS, and CNLS subcommittees to achieve the activities described under each program element. Furthermore, to ensure its collaboration with private sector partners, PSI Madagascar will partner with FARMAD, Medical Depots, and ERI/Kollerean, and commercial warehousing and distribution agents to ensure maximum efficiency and coverage in the private sector. PSI Madagascar will collaborate with ONM, ONP CROM and ITEM to improve the quality of health services. Through its APONGE unit, in close collaboration with the public sector contractor, PSI Madagascar will work to expand community-based distribution in rural areas, working with international NGOs such as MCDI, ADRA, CARE, CRS, and local NGOs/CBOs such as SAF-FJKM, SALFA, ASOS, and Voahary Salama. A full list of collaborating APONGE partners is listed in Annex J and letters of support are attached. Private company partners will include Madarail, Colas, and QMM Rio Tinto, among others. Population-Environment partners will include DWT, World Conservation Society, World Wildlife Fund, and Conservation International. PSI Madagascar will coordinate its work closely with other donors, international organizations and UN agencies, including UNICEF, UNFPA, UNAIDS, UNDP, and the World Bank.

ATTACHMENT C

STANDARD PROVISIONS

STANDARD PROVISIONS FOR U.S., NONGOVERNMENTAL ORGANIZATIONS

**I. MANDATORY STANDARD PROVISIONS FOR U.S. NONGOVERNMENTAL RECIPIENTS**

**1. APPLICABILITY OF 22 CFR PART 226 (May 2005)**

a. All provisions of 22 CFR Part 226 and all Standard Provisions attached to this agreement are applicable to the recipient and to subrecipients which meet the definition of "Recipient" in Part 226, unless a section specifically excludes a subrecipient from coverage. The recipient shall assure that subrecipients have copies of all the attached standard provisions.

b. For any subawards made with Non-US subrecipients the Recipient shall include the applicable "Standard Provisions for Non-US Nongovernmental Grantees." Recipients are required to ensure compliance with monitoring procedures in accordance with OMB Circular A-133.

[END OF PROVISION]

**2. INELIGIBLE COUNTRIES (MAY 1986)**

Unless otherwise approved by the USAID Agreement Officer, funds will only be expended for assistance to countries eligible for assistance under the Foreign Assistance Act of 1961, as amended, or under acts appropriating funds for foreign assistance.

[END OF PROVISION]

**3. NONDISCRIMINATION (MAY 1986)**

(This provision is applicable when work under the grant is performed in the U.S. or when employees are recruited in the U.S.)

No U.S. citizen or legal resident shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity funded by this award on the basis of race, color, national origin, age, handicap, or sex.

[END OF PROVISION]

**4. NONLIABILITY (NOVEMBER 1985)**

USAID does not assume liability for any third party claims for damages arising out of this award.

[END OF PROVISION]

**5. AMENDMENT (NOVEMBER 1985)**

The award may be amended by formal modifications to the basic award document or by means of an exchange of letters between the Agreement Officer and an appropriate official of the recipient.

[END OF PROVISION]

**6. NOTICES (NOVEMBER 1985)**

Any notice given by USAID or the recipient shall be sufficient only if in writing and delivered in person, mailed, or cabled as follows:

To the USAID Agreement Officer, at the address specified in the award.

To recipient, at recipient's address shown in the award or to such other address designated within the award Notices shall be effective when delivered in accordance with this provision, or on the effective date of the notice, whichever is later.

[END OF PROVISION]

**7. SUBAGREEMENTS (June 1999)**

Subrecipients, subawardees, and contractors have no relationship with USAID under the terms of this agreement. All required USAID approvals must be directed through the recipient to USAID.

[END OF PROVISION]

**8. OMB APPROVAL UNDER THE PAPERWORK REDUCTION ACT (December 2003)**

\*Information collection requirements imposed by this grant are covered by OMB approval number 0412-0510; the current expiration date is 04/30/2005. The Standard Provisions containing the requirement and an estimate of the public reporting burden (including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information) are

Standard Provision Burden Estimate

Air Travel and Transportation 1 (hour)  
 Ocean Shipment of Goods .5  
 Patent Rights .5  
 Publications .5  
 Negotiated Indirect Cost Rates -  
 (Predetermined and Provisional) 1  
 Voluntary Population Planning .5  
 Protection of the Individual as a 1  
 Research Subject

22 CFR 226 Burden Estimate

22 CFR 226.40-.49 Procurement  
 of Goods and Services 1  
 22 CFR 226.30 - .36  
 Property Standards 1.5

Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, may be sent to the Office of Procurement, Policy Division (M/OP/P) U.S. Agency for International Development, Washington, DC 20523-7801 and to the Office of Management and Budget, Paperwork Reduction Project (0412-0510), Washington, D.C 20503.

[END OF PROVISION]

**9. USAID ELIGIBILITY RULES FOR GOODS AND SERVICES (April 1998)**

(This provision is not applicable to goods or services which the recipient provides with private funds as part of a cost-sharing requirement, or with Program Income generated under the award.)

a. Ineligible and Restricted Goods and Services: USAID's policy on ineligible and restricted goods and services is contained in ADS Chapter 312.

(1) Ineligible Goods and Services. Under no circumstances shall the recipient procure any of the following under this award:

- (i) Military equipment,
- (ii) Surveillance equipment,
- (iii) Commodities and services for support of police or other law enforcement activities,
- (iv) Abortion equipment and services,
- (v) Luxury goods and gambling equipment, or
- (vi) Weather modification equipment.

(2) Ineligible Suppliers. Funds provided under this award shall not be used to procure any goods or services furnished by any firms or individuals whose name appears on the "Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs." USAID will provide the recipient with a copy of these lists upon request.

(3) Restricted Goods. The recipient shall not procure any of the following goods and services without the prior approval of the Agreement Officer:

- (i) Agricultural commodities,
- (ii) Motor vehicles,

- (iii) Pharmaceuticals,
- (iv) Pesticides,
- (v) Used equipment,
- (vi) U.S. Government-owned excess property, or
- (vii) Fertilizer.

Prior approval will be deemed to have been met when:

- (i) the item is of U.S. source/origin;
- (ii) the item has been identified and incorporated in the program description or schedule of the award (initial or revisions), or amendments to the award; and
- (iii) the costs related to the item are incorporated in the approved budget of the award.

Where the item has not been incorporated into the award as described above, a separate written authorization from the Agreement Officer must be provided before the item is procured.

b. Source and Nationality: The eligibility rules for goods and services based on source and nationality are divided into two categories. One applies when the total procurement element during the life of the award is over and the other applies when the total procurement element during the life of the award is not over . or the award is funded under the Development Fund for Africa (DFA) regardless of the amount. The total procurement element includes procurement of all goods (e.g., equipment, materials, supplies) and services. Guidance on the eligibility of specific goods or services may be obtained from the Agreement Officer. USAID policies and definitions on source, origin and nationality are contained in 22 CFR Part 228, Rules on Source, Origin and Nationality for Commodities and Services Financed by the Agency for International Development, which is incorporated into this Award in its entirety.

(1) For DFA funded awards or when the total procurement element during the life of this award is valued at \$250,000 or less, the following rules apply:

(i) The authorized source for procurement of all goods and services to be reimbursed under the award is USAID Geographic Code 935, "Special Free World," and such goods and services must meet the source, origin and nationality requirements set forth in 22 CFR Part 228 in accordance with the following order of preference:

- (A) The United States (USAID Geographic Code 000),
- (B) The Cooperating Country,
- (C) USAID Geographic Code 941, and
- (D) USAID Geographic Code 935.

(ii) Application of order of preference: When the recipient procures goods and services from other than U.S. sources, under the order of preference in paragraph (b)(1)(i) above, the recipient shall document its files to justify each such instance. The documentation shall set forth the circumstances surrounding the procurement and shall be based on one or more of the following reasons, which will be set forth in the grantee's documentation:

- (A) The procurement was of an emergency nature, which would not allow for the delay attendant to soliciting U.S. sources,
- (B) The price differential for procurement from U.S. sources exceeded by 50% or more the delivered price from the non-U.S. source,
- (C) Compelling local political considerations precluded consideration of U.S. sources,

(D) The goods or services were not available from U.S. sources, or  
(E) Procurement of locally available goods and services, as opposed to procurement of U.S. goods and services, would best promote the objectives of the Foreign Assistance program under the award.

(2) When the total procurement element exceeds \$250,000 (unless funded by DFA), the following applies: Except as may be specifically approved or directed in advance by the Agreement Officer, all goods and services financed with U.S. dollars, which will be reimbursed under this award must meet the source, origin and nationality requirements set forth in 22 CFR Part 228 for the authorized geographic code specified in the schedule of this award. If none is specified, the authorized source is Code 000, the United States.

c. Printed or Audio-Visual Teaching Materials: If the effective use of printed or audio-visual teaching materials depends upon their being in the local language and if such materials are intended for technical assistance projects or activities financed by USAID in whole or in part and if other funds including U.S.-owned or U.S.-controlled local currencies are not readily available to finance the procurement of such materials, local language versions may be procured from the following sources, in order of preference:

- (1) The United States (USAID Geographic Code 000),
- (2) The Cooperating Country,
- (3) "Selected Free World" countries (USAID Geographic Code 941), and
- (4) "Special Free World" countries (USAID Geographic Code 899).

d. If USAID determines that the recipient has procured any of these goods or services under this award contrary to the requirements of this provision, and has received payment for such purposes, the Agreement Officer may require the recipient to refund the entire amount of the purchase.

This provision must be included in all subagreements which include procurement of goods or services which total over \$5,000.

[END OF PROVISION]

#### 10. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (January 2004)

a. The recipient agrees to notify the Agreement Officer immediately upon learning that it or any of its principals:

- (1) Are presently excluded or disqualified from covered transactions by any Federal department or agency;
- (2) Have been convicted within the preceding three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects your present responsibility;
- (3) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b); and
- (4) Have had one or more public transactions (Federal, State, or local) terminated for cause or default within the preceding three years.

b. The recipient agrees that, unless authorized by the Agreement Officer, it will not knowingly enter into any subagreements or contracts under this grant with a person or entity that is included on the Excluded Parties List System

(<http://epls.arnet.gov>). The recipient further agrees to include the following provision in any subagreements or contracts entered into under this award: DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION (DECEMBER 2003)

The recipient/contractor certifies that neither it nor its principals is presently excluded or disqualified from participation in this transaction by any Federal department or agency.

c. The policies and procedures applicable to debarment, suspension, and ineligibility under USAID-financed transactions are set forth in 22 CFR Part 208.

[END OF PROVISION]

**11. DRUG-FREE WORKPLACE (January 2004)**

a. The recipient agrees that it will publish a drug-free workplace statement and provide a copy to each employee who will be engaged in the performance of any Federal award. The statement must

(1) Tell the employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in its workplace;

(2) Specify the actions the recipient will take against employees for violating that prohibition; and

(3) Let each employee know that, as a condition of employment under any award, he or she

(i) Must abide by the terms of the statement, and

(ii) Must notify you in writing if he or she is convicted for a violation of a criminal drug statute occurring in the workplace, and must do so no more than five calendar days after the conviction.

b. The recipient agrees that it will establish an ongoing drug-free awareness program to inform employees about

(i) The dangers of drug abuse in the workplace;

(ii) Your policy of maintaining a drug-free workplace;

(iii) Any available drug counseling, rehabilitation and employee assistance programs; and

(iv) The penalties that you may impose upon them for drug abuse violations occurring in the workplace.

c. Without the Agreement Officer's expressed written approval, the policy statement and program must be in place as soon as possible, no later than the 30 days after the effective date of this award or the completion date of this award, whichever occurs first.

d. The recipient agrees to immediately notify the Agreement Officer if an employee is convicted of a drug violation in the workplace. The notification must be in writing, identify the employee's position title, the number of each award on which the employee worked. The notification must be sent to the Agreement Officer within ten calendar days after the recipient learns of the conviction.

e. Within 30 calendar days of learning about an employee's conviction, the recipient must either

(1) Take appropriate personnel action against the employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 (29 USC 794), as amended, or

(2) Require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State or local health, law enforcement, or other appropriate agency.

f. The policies and procedures applicable to violations of these requirements are set forth in 22 CFR Part 210.

[END OF PROVISION]

**12. EQUAL PROTECTION OF THE LAWS FOR FAITH-BASED AND COMMUNITY ORGANIZATIONS  
(February 2004)**

a. The recipient may not discriminate against any beneficiary or potential beneficiary under this award on the basis of religion or religious belief. Accordingly, in providing services supported in whole or in part by this agreement or in its outreach activities related to such services, the recipient may not discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice;

b. The Federal Government must implement Federal programs in accordance with the Establishment Clause and the Free Exercise Clause of the First Amendment to the Constitution. Therefore, if the recipient engages in inherently religious activities, such as worship, religious instruction, and proselytization, it must offer those services at a different time or location from any programs or services directly funded by this award, and participation by beneficiaries in any such inherently religious activities must be voluntary.

c. If the recipient makes subawards under this agreement, faith-based organizations should be eligible to participate on the same basis as other organizations, and should not be discriminated against on the basis of their religious character or affiliation.

[END OF PROVISION]

**13. IMPLEMENTATION OF E.O. 13224 -- EXECUTIVE ORDER ON TERRORIST FINANCING  
(March 2002)**

The Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all contracts/subawards issued under this agreement.

[END OF PROVISION]

**14. MARKING UNDER USAID-FUNDED ASSISTANCE INSTRUMENTS (December 2005)**

**(a) Definitions**

**Commodities** mean any material, article, supply, goods or equipment, excluding recipient offices, vehicles, and non-deliverable items for recipient's internal use, in administration of the USAID funded grant, cooperative agreement, or other agreement or subagreement.

**Principal Officer** means the most senior officer in a USAID Operating Unit in the field, e.g., USAID Mission Director or USAID Representative. For global programs managed from Washington but executed across many countries, such as disaster relief and assistance to internally displaced persons, humanitarian emergencies or immediate post conflict and political crisis response, the cognizant Principal Officer may be an Office Director, for example, the Directors of USAID/W/Office of Foreign Disaster Assistance and Office of Transition Initiatives. For non-presence countries, the cognizant Principal Officer is the Senior USAID officer in a regional USAID Operating Unit responsible for the non-presence country, or in the absence of such a responsible operating unit, the Principal U.S. Diplomatic Officer in the non-presence country exercising delegated authority from USAID.

**Programs** mean an organized set of activities and allocation of resources directed toward a common purpose, objective, or goal undertaken or proposed by an organization to carry out the responsibilities assigned to it.

**Projects** include all the marginal costs of inputs (including the proposed investment) technically required to produce a discrete marketable output or a

desired result (for example, services from a fully functional water/sewage treatment facility).

**Public communications** are documents and messages intended for distribution to audiences external to the recipient's organization. They include, but are not limited to, correspondence, publications, studies, reports, audio visual productions, and other informational products; applications, forms, press and promotional materials used in connection with USAID funded programs, projects or activities, including signage and plaques; Web sites/Internet activities; and events such as training courses, conferences, seminars, press conferences and so forth.

**Subrecipient** means any person or government (including cooperating country government) department, agency, establishment, or for profit or nonprofit organization that receives a USAID subaward, as defined in 22 C.F.R. 226.2. **Technical Assistance** means the provision of funds, goods, services, or other foreign assistance, such as loan guarantees or food for work, to developing countries and other USAID recipients, and through such recipients to subrecipients, in direct support of a development objective - as opposed to the internal management of the foreign assistance program.

**USAID Identity (Identity)** means the official marking for the United States Agency for International Development (USAID), comprised of the USAID logo or seal and new brandmark, with the tagline that clearly communicates that our assistance is "from the American people." The USAID Identity is available on the USAID website at [www.usaid.gov/branding](http://www.usaid.gov/branding) and USAID provides it without royalty, license, or other fee to recipients of USAID-funded grants, or cooperative agreements, or other assistance awards

**(b) Marking of Program Deliverables**

(1) All recipients must mark appropriately all overseas programs, projects, activities, public communications, and commodities partially or fully funded by a USAID grant or cooperative agreement or other assistance award or subaward with the USAID Identity, of a size and prominence equivalent to or greater than the recipient's, other donor's, or any other third party's identity or logo.

(2) The Recipient will mark all program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) with the USAID Identity. The Recipient should erect temporary signs or plaques early in the construction or implementation phase. When construction or implementation is complete, the Recipient must install a permanent, durable sign, plaque or other marking.

(3) The Recipient will mark technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID with the USAID Identity.

(4) The Recipient will appropriately mark events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities, with the USAID Identity. Unless directly prohibited and as appropriate to the surroundings, recipients should display additional materials, such as signs and banners, with the USAID Identity. In circumstances in which the USAID Identity cannot be displayed visually, the recipient is encouraged otherwise to acknowledge USAID and the American people's support.

(5) The Recipient will mark all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies, and other materials funded by USAID, and their export packaging with the USAID Identity.

(6) The Agreement Officer may require the USAID Identity to be larger and more prominent if it is the majority donor, or to require that a cooperating country government's identity be larger and more prominent if circumstances warrant, and as appropriate depending on the audience, program goals, and materials produced.

(7) The Agreement Officer may require marking with the USAID Identity in the event that the recipient does not choose to mark with its own identity or logo.

(8) The Agreement Officer may require a pre-production review of USAID-funded public communications and program materials for compliance with the approved Marking Plan.

(9) Subrecipients. To ensure that the marking requirements "flow down" to subrecipients of subawards, recipients of USAID funded grants and cooperative agreements or other assistance awards will include the USAID-approved marking provision in any USAID funded subaward, as follows:

*"As a condition of receipt of this subaward, marking with the USAID Identity of a size and prominence equivalent to or greater than the recipient's, subrecipient's, other donor's or third party's is required. In the event the recipient chooses not to require marking with its own identity or logo by the subrecipient, USAID may, at its discretion, require marking by the subrecipient with the USAID Identity."*

(10) Any 'public communications', as defined in 22 C.F.R. 226.2, funded by USAID, in which the content has not been approved by USAID, must contain the following disclaimer:

*"This study/report/audio/visual/other information/media product (specify) is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of [insert recipient name] and do not necessarily reflect the views of USAID or the United States Government."*

(11) The recipient will provide the Cognizant Technical Officer (CTO) or other USAID personnel designated in the grant or cooperative agreement with two copies of all program and communications materials produced under the award. In addition, the recipient will submit one electronic or one hard copy of all final documents to USAID's Development Experience Clearinghouse.

**(c) Implementation of marking requirements.**

(1) When the grant or cooperative agreement contains an approved Marking Plan, the recipient will implement the requirements of this provision following the approved Marking Plan.

(2) When the grant or cooperative agreement does not contain an approved Marking Plan, the recipient will propose and submit a plan for implementing the requirements of this provision within [Agreement Officer fill-in] days after the effective date of this provision. The plan will include:

(i) A description of the program deliverables specified in paragraph (b) of this provision that the recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity.

(ii) the type of marking and what materials the applicant uses to mark the program deliverables with the USAID Identity,

(iii) when in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking,

(3) The recipient may request program deliverables not be marked with the USAID Identity by identifying the program deliverables and providing a rationale for not marking these program deliverables. Program deliverables may be exempted from USAID marking requirements when:

- (i) USAID marking requirements would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials;
  - (ii) USAID marking requirements would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent;
  - (iii) USAID marking requirements would undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as "by" or "from" a cooperating country ministry or government official;
  - (iv) USAID marking requirements would impair the functionality of an item;
  - (v) USAID marking requirements would incur substantial costs or be impractical;
  - (vi) USAID marking requirements would offend local cultural or social norms, or be considered inappropriate;
  - (vii) USAID marking requirements would conflict with international law.
- (4) The proposed plan for implementing the requirements of this provision, including any proposed exemptions, will be negotiated within the time specified by the Agreement Officer after receipt of the proposed plan. Failure to negotiate an approved plan with the time specified by the Agreement Officer may be considered as noncompliance with the requirements of this provision.

**(d) Waivers.**

- (1) The recipient may request a waiver of the Marking Plan or of the marking requirements of this provision, in whole or in part, for each program, project, activity, public communication or commodity, or, in exceptional circumstances, for a region or country, when USAID required marking would pose compelling political, safety, or security concerns, or when marking would have an adverse impact in the cooperating country. The recipient will submit the request through the Cognizant Technical Officer. The Principal Officer is responsible for approvals or disapprovals of waiver requests.
  - (2) The request will describe the compelling political, safety, security concerns, or adverse impact that require a waiver, detail the circumstances and rationale for the waiver, detail the specific requirements to be waived, the specific portion of the Marking Plan to be waived, or specific marking to be waived, and include a description of how program materials will be marked (if at all) if the USAID Identity is removed. The request should also provide a rationale for any use of recipient's own identity/logo or that of a third party on materials that will be subject to the waiver.
  - (3) Approved waivers are not limited in duration but are subject to Principal Officer review at any time, due to changed circumstances.
  - (4) Approved waivers "flow down" to recipients of subawards unless specified otherwise. The waiver may also include the removal of USAID markings already affixed, if circumstances warrant.
  - (5) Determinations regarding waiver requests are subject to appeal to the Principal Officer's cognizant Assistant Administrator. The recipient may appeal by submitting a written request to reconsider the Principal Officer's waiver determination to the cognizant Assistant Administrator.
- (e) Non-retroactivity.** The requirements of this provision do not apply to any materials, events, or commodities produced prior to January 2, 2006. The requirements of this provision do not apply to program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry,

water management) where the construction and implementation of these are complete prior to January 2, 2006 and the period of the grant does not extend past January 2, 2006.

[END OF PROVISION]

**15. REGULATIONS GOVERNING EMPLOYEES (AUGUST 1992)**

(The following applies to the recipient's employees working in the cooperating country under the agreement who are not citizens of the cooperating country.)

- a. The recipient's employees shall maintain private status and may not rely on local U.S. Government offices or facilities for support while under this grant.
- b. The sale of personal property or automobiles by recipient employees and their dependents in the foreign country to which they are assigned shall be subject to the same limitations and prohibitions which apply to direct-hire USAID personnel employed by the Mission, including the rules contained in 22 CFR Part 136, except as this may conflict with host government regulations.
- c. Other than work to be performed under this award for which an employee is assigned by the recipient, no employee of the recipient shall engage directly or indirectly, either in the individual's own name or in the name or through an agency of another person, in any business, profession, or occupation in the foreign countries to which the individual is assigned, nor shall the individual make loans or investments to or in any business, profession or occupation in the foreign countries to which the individual is assigned.
- d. The recipient's employees, while in a foreign country, are expected to show respect for its conventions, customs, and institutions, to abide by its applicable laws and regulations, and not to interfere in its internal political affairs.
- e. In the event the conduct of any recipient employee is not in accordance with the preceding paragraphs, the recipient's chief of party shall consult with the USAID Mission Director and the employee involved and shall recommend to the recipient a course of action with regard to such employee.
- f. The parties recognize the rights of the U.S. Ambassador to direct the removal from a country of any U.S. citizen or the discharge from this grant award of any third country national when, in the discretion of the Ambassador, the interests of the United States so require.
- g. If it is determined, either under (e) or (f) above, that the services of such employee should be terminated, the recipient shall use its best efforts to cause the return of such employee to the United States, or point of origin, as appropriate.

[END OF PROVISION]

**16. CONVERSION OF UNITED STATES DOLLARS TO LOCAL CURRENCY (NOVEMBER 1985)**

(This provision applies when activities are undertaken outside the United States.)

Upon arrival in the Cooperating Country, and from time to time as appropriate, the recipient's chief of party shall consult with the Mission Director who shall provide, in writing, the procedure the recipient and its employees shall follow in the conversion of United States dollars to local currency. This may include, but is not limited to, the conversion of currency through the cognizant United States Disbursing Officer or Mission Controller, as appropriate.

[END OF PROVISION]

**17. USE OF POUCH FACILITIES (AUGUST 1992)**

(This provision applies when activities are undertaken outside the United States.)

a. Use of diplomatic pouch is controlled by the Department of State. The Department of State has authorized the use of pouch facilities for USAID recipients and their employees as a general policy, as detailed in items (1) through (6) below. However, the final decision regarding use of pouch facilities rest with the Embassy or USAID Mission. In consideration of the use of pouch facilities, the recipient and its employees agree to indemnify and hold harmless, the Department of State and USAID for loss or damage occurring in pouch transmission:

(1) Recipients and their employees are authorized use of the pouch for transmission and receipt of up to a maximum of .9 kgs per shipment of correspondence and documents needed in the administration of assistance programs.

(2) U.S. citizen employees are authorized use of the pouch for personal mail up to a maximum of .45 kgs per shipment (but see (a)(3) below).

(3) Merchandise, parcels, magazines, or newspapers are not considered to be personal mail for purposes of this standard provision and are not authorized to be sent or received by pouch.

(4) Official and personal mail pursuant to a.1. and 2. above sent by pouch should be addressed as follows:

Name of individual or organization (followed by  
letter symbol "G")

City Name of post (USAID/\_\_\_\_\_)

Agency for International Development

Washington, D.C. 20523-0001

(5) Mail sent via the diplomatic pouch may not be in violation of U.S. Postal laws and may not contain material ineligible for pouch transmission.

(6) Recipient personnel are NOT authorized use of military postal facilities (APO/FPO). This is an Adjutant General's decision based on existing laws and regulations governing military postal facilities and is being enforced worldwide.

b. The recipient shall be responsible for advising its employees of this authorization, these guidelines, and limitations on use of pouch facilities.

c. Specific additional guidance on grantee use of pouch facilities in accordance with this standard provision is available from the Post Communication Center at the Embassy or USAID Mission.

[END OF PROVISION]

**18. INTERNATIONAL AIR TRAVEL AND TRANSPORTATION (JUNE 1999)**

(This provision is applicable when costs for international travel or transportation will be paid for with USAID funds. This provision is not applicable if the recipient is providing for travel with private funds as part of a cost-sharing requirement, or with Program Income generated under the award.)

**a. PRIOR BUDGET APPROVAL**

In accordance with OMB Cost Principles, direct charges for foreign travel costs are allowable only when each foreign trip has received prior budget approval. Such approval will be deemed to have been met when:

(1) the trip is identified. Identification is accomplished by providing the following information: the number of trips, the number of individuals per trip, and the destination country(s).

(2) the information noted at (a)(1) above is incorporated in: the proposal, the program description or schedule of the award, the implementation plan (initial or revisions), or amendments to the award; and

(3) the costs related to the travel are incorporated in the approved budget of the award.

The Agreement Officer may approve travel which has not been incorporated in writing as required by paragraph (a)(2). In such case, a copy of the Agreement Officer's approval must be included in the agreement file.

b. NOTIFICATION

(1) As long as prior budget approval has been met in accordance with paragraph (a) above, a separate Notification will not be necessary unless:

- (i) the primary purpose of the trip is to work with USAID Mission personnel, or

- (ii) the recipient expects significant administrative or substantive programmatic support from the Mission.

Neither the USAID Mission nor the Embassy will require Country Clearance of employees or contractors of USAID Recipients.

(2) Where notification is required in accordance with paragraph (1)(i) or (ii) above, the recipient will observe the following standards:

- (i) Send a written notice to the cognizant USAID Technical Office in the Mission. If the recipient's primary point of contact is a Technical Officer in USAID/W, the recipient may send the notice to that person. It will be the responsibility of the USAID/W Technical Officer to forward the notice to the field.

- (ii) The notice should be sent as far in advance as possible, but at least 14 calendar days in advance of the proposed travel. This notice may be sent by fax or e-mail. The recipient should retain proof that notification was made.

- (iii) The notification shall contain the following information: the award number, the cognizant Technical Officer, the traveler's name (if known), date of arrival, and the purpose of the trip.

- (iv) The USAID Mission will respond only if travel has been denied. It will be the responsibility of the Technical Officer in the Mission to contact the recipient within 5 working days of having received the notice if the travel is denied. If the recipient has not received a response within the time frame, the recipient will be considered to have met these standards for notification, and may travel.

- (v) If a subrecipient is required to issue a Notification, as per this section, the subrecipient may contact the USAID Technical Officer directly, or the prime may contact USAID on the subrecipient's behalf.

c. SECURITY ISSUES

Recipients are encouraged to obtain the latest Department of State Travel Advisory Notices before travelling. These Notices are available to the general public and may be obtained directly from the State Department, or via Internet.

Where security is a concern in a specific region, recipients may choose to notify the US Embassy of their presence when they have entered the country. This may be especially important for long-term posting.

d. USE OF U.S.-OWNED LOCAL CURRENCY

Travel to certain countries shall, at USAID's option, be funded from U.S.-owned local currency. When USAID intends to exercise this option, USAID will either issue a U.S. Government S.F. 1169, Transportation Request (GTR) which the grantee may exchange for tickets, or issue the tickets directly. Use of such U.S.-owned currencies will constitute a dollar charge to this grant.

e. THE FLY AMERICA ACT

The Fly America Act (49 U.S.C. 40118) requires that all air travel and shipments under this award must be made on U.S. flag air carriers to the extent service by such carriers is available. The Administrator of General Services Administration (GSA) is authorized to issue regulations for purposes of implementation. Those regulations may be found at 41 CFR part 301, and are hereby incorporated by reference into this award.

f. COST PRINCIPLES

The recipient will be reimbursed for travel and the reasonable cost of subsistence, post differentials and other allowances paid to employees in international travel status in accordance with the recipient's applicable cost principles and established policies and practices which are uniformly applied to federally financed and other activities of the grantee.

If the recipient does not have written established policies regarding travel costs, the standard for determining the reasonableness of reimbursement for overseas allowance will be the Standardized Regulations (Government Civilians, Foreign Areas), published by the U.S. Department of State, as from time to time amended. The most current subsistence, post differentials, and other allowances may be obtained from the Agreement Officer.

g. SUBAWARDS.

This provision will be included in all subawards and contracts which require international air travel and transportation under this award.

[END OF PROVISION]

19. OCEAN SHIPMENT OF GOODS (JUNE 1999)

(This provision is applicable for awards and subawards for \_\_\_\_\_ or more and when goods purchased with funds provided under this award are transported to cooperating countries on ocean vessels whether or not award funds are used for the transportation.)

a. At least 50% of the gross tonnage of all goods purchased under this agreement and transported to the cooperating countries shall be made on privately owned U.S. flag commercial ocean vessels, to the extent such vessels are available at fair and reasonable rates for such vessels.

b. At least 50% of the gross freight revenue generated by shipments of goods purchased under this agreement and transported to the cooperating countries on dry cargo liners shall be paid to or for the benefit of privately owned U.S. flag commercial ocean vessels to the extent such vessels are available at fair and reasonable rates for such vessels.

c. When U.S. flag vessels are not available, or their use would result in a significant delay, the grantee may request a determination of non-availability from the USAID Transportation Division, Office of Procurement, Washington, D.C. 20523, giving the basis for the request which will relieve the grantee of the requirement to use U.S. flag vessels for the amount of tonnage included in the determination. Shipments made on non-free world ocean vessels are not reimbursable under this grant.

d. The recipient shall send a copy of each ocean bill of lading, stating all of the carrier's charges including the basis for calculation such as weight or cubic measurement, covering a shipment under this agreement to:

U.S. Department of Transportation,  
Maritime Administration, Division of National Cargo,  
400 7th Street, S.W.,  
Washington, DC 20590, and  
U.S. Agency for International Development,  
Office of Procurement, Transportation Division  
1300 Pennsylvania Avenue, N.W.  
Washington, DC 20523-7900

e. Shipments by voluntary nonprofit relief agencies (i.e., PVOs) shall be governed by this standard provision and by USAID Regulation 2, "Overseas Shipments of Supplies by Voluntary Nonprofit Relief Agencies" (22 CFR Part 202).

f. Shipments financed under this grant must meet applicable eligibility requirements set out in 22 CFR 228.21.

[END OF PROVISION]

**20. LOCAL PROCUREMENT (April 1998)**

(This provision applies when activities are undertaken outside the United States.)

- a. Financing local procurement involves the use of appropriated funds to finance the procurement of goods and services supplied by local businesses, dealers or producers, with payment normally being in the currency of the cooperating country.
- b. Locally financed procurements must be covered by source and nationality waivers as set forth in 22 CFR 228, Subpart F, except as provided for in mandatory standard provision, "USAID Eligibility Rules for Goods and Services," or when one of the following exceptions applies:
  - (1) Locally available commodities of U.S. origin, which are otherwise eligible for financing, if the value of the transaction is estimated not to exceed \$100,000 exclusive of transportation costs.
  - (2) Commodities of geographic code 935 origin if the value of the transaction does not exceed the local currency equivalent of \$5,000.
  - (3) Professional Services Contracts estimated not to exceed
  - (4) Construction Services Contracts estimated not to exceed
  - (5) Commodities and services available only in the local economy (no specific per transaction value applies to this category). This category includes the following items:
    - (i) Utilities including fuel for heating and cooking, waste disposal and trash collection;
    - (ii) Communications - telephone, telex, fax, postal and courier services;
    - (iii) Rental costs for housing and office space;
    - (iv) Petroleum, oils and lubricants for operating vehicles and equipment;
    - (v) Newspapers, periodicals and books published in the cooperating country;
    - (vi) Other commodities and services and related expenses that, by their nature or as a practical matter, can only be acquired, performed, or incurred in the cooperating country, e.g., vehicle maintenance, hotel accommodations, etc.
- c. The coverage on ineligible and restricted goods and services in the mandatory standard provision entitled, "USAID Eligibility Rules for Goods and Services," also apply to local procurement.
- d. This provision will be included in all subagreements where local procurement of goods or services is a supported element.

[END OF PROVISION]

**21. VOLUNTARY POPULATION PLANNING ACTIVITIES - MANDATORY REQUIREMENTS (MAY 2006)**

Requirements for Voluntary Sterilization Programs

(1) None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

Prohibition on Abortion-Related Activities:

(1) No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term "motivate", as it relates to family planning

assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

[END OF PROVISION]

[END OF MANDATORY PROVISIONS]

II. REQUIRED AS APPLICABLE STANDARD PROVISIONS FOR U.S., NONGOVERNMENTAL RECIPIENTS

1. NEGOTIATED INDIRECT COST RATES - PROVISIONAL (Nonprofit) (April 1998)

a. Provisional indirect cost rates shall be established for each of the recipient's accounting periods during the term of this award. Pending establishment of revised provisional or final rates, allowable indirect costs shall be reimbursed at the rates, on the bases, and for the periods shown in the schedule of the award.

b. Within the earlier of 30 days after receipt of the A-133 audit report or nine months after the end of the audit period, the recipient shall submit to the cognizant agency for audit the required OMB Circular A-133 audit report, proposed final indirect cost rates, and supporting cost data. If USAID is the cognizant agency or no cognizant agency has been designated, the recipient shall submit four copies of the audit report, along with the proposed final indirect cost rates and supporting cost data, to the Overhead, Special Costs, and Closeout Branch, Office of Procurement, USAID, Washington, DC 20523-7802. The proposed rates shall be based on the recipient's actual cost experience during that fiscal year. Negotiations of final indirect cost rates shall begin soon after receipt of the recipient's proposal.

c. Allowability of costs and acceptability of cost allocation methods shall be determined in accordance with the applicable cost principles.

d. The results of each negotiation shall be set forth in a written indirect cost rate agreement signed by both parties. Such agreement is automatically incorporated into this award and shall specify (1) the agreed upon final rates, (2) the bases to which the rates apply, (3) the fiscal year for which the rates apply, and (4) the items treated as direct costs. The agreement shall not change any monetary ceiling, award obligation, or specific cost allowance or disallowance provided for in this award.

e. Pending establishment of final indirect cost rate(s) for any fiscal year, the recipient shall be reimbursed either at negotiated provisional rates or at billing rates acceptable to the Agreement Officer, subject to appropriate adjustment when the final rates for the fiscal year are established. To prevent substantial overpayment or underpayment, the provisional or billing rates may be prospectively or retroactively revised by mutual agreement.

f. Failure by the parties to agree on final rates is a 22 CFR 226.90 dispute.

[END OF PROVISION]

2. PUBLICATIONS AND MEDIA RELEASES (MARCH 2006)

a. The recipient shall provide the USAID Cognizant Technical Officer one copy of all published works developed under the award with lists of other written work produced under the award. In addition, the recipient shall submit final documents in electronic format unless no electronic version exists at the following address:

Online (preferred)

<http://www.dec.org/submit.cfm>

Mailing address:

Document Acquisitions

USAID Development Experience Clearinghouse (DEC)

8403 Colesville Road Suite 210

Silver Spring, MD 20910-6368

Contract Information

Telephone (301) 562-0641

Fax (301) 588-7787

E-mail: [docsubmit@dec.cdie.org](mailto:docsubmit@dec.cdie.org)

Electronic documents must consist of only one electronic file that comprises the complete and final equivalent of a hard copy. They may be submitted online (preferred); on 3.5" diskettes, a Zip disk, CD-R, or by e-mail.

Electronic documents should be in PDF (Portable Document Format). Submission in other formats is acceptable but discouraged.

Each document submitted should contain essential bibliographic elements, such as 1) descriptive title; 2) author(s) name; 3) award number; 4) sponsoring USAID office; 5) strategic objective; and 6) date of publication;:

b. In the event award funds are used to underwrite the cost of publishing, in lieu of the publisher assuming this cost as is the normal practice, any profits or royalties up to the amount of such cost shall be credited to the award unless the schedule of the award has identified the profits or royalties as program income.

c. Except as otherwise provided in the terms and conditions of the award, the author or the recipient is free to copyright any books, publications, or other copyrightable materials developed in the course of or under this award, but USAID reserves a royalty-free nonexclusive and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the work for Government purposes.

[END OF PROVISION]

### 3. PARTICIPANT TRAINING (April 1998)

a. Definition: A participant is any non-U.S. individual being trained under this award outside of that individual's home country.

b. Application of ADS Chapter 253: Participant training under this award shall comply with the policies established in ADS Chapter 253, Participant Training, except to the extent that specific exceptions to ADS 253 have been provided in this award with the concurrence of the Office of International Training.

c. Orientation: In addition to the mandatory requirements in ADS 253, recipients are strongly encouraged to provide, in collaboration with the Mission training officer, predeparture orientation and orientation in Washington at the Washington International Center. The latter orientation program also provides the opportunity to arrange for home hospitality in Washington and elsewhere in the United States through liaison with the National Council for International Visitors (NCIV). If the Washington orientation is determined not to be feasible, home hospitality can be arranged in most U.S. cities if a request for such is directed to the Agreement Officer, who will transmit the request to NCIV through EGAT/ED/PT.

[END OF PROVISION]

### 4. VOLUNTARY POPULATION PLANNING ACTIVITIES - SUPPLEMENTAL REQUIREMENTS (MAY 2006)

a. Voluntary Participation and Family Planning Methods:

(1) The recipient agrees to take any steps necessary to ensure that funds made available under this award will not be used to coerce any individual to practice methods of family planning inconsistent with such individual's moral, philosophical, or religious beliefs. Further, the recipient agrees to conduct its activities in a manner which safeguards the rights, health and welfare of all individuals who take part in the program.

(2) Activities which provide family planning services or information to individuals, financed in whole or in part under this agreement, shall provide a broad range of family planning methods and services available in the country in which the activity is conducted or shall provide information to such individuals regarding where such methods and services may be obtained.

b. Requirements for Voluntary Family Planning Projects

- (1) A Family planning project must comply with the requirements of this paragraph.
- (2) A project is a discrete activity through which a governmental or nongovernmental organization or public international organization provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.
- (3) Service providers and referral agents in the project shall not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.
- (4) The project shall not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.
- (5) No person shall be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.
- (6) The project shall provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.
- (7) The project shall ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of a scientific study in which participants are advised of potential risks and benefits.
- (8) With respect to projects for which USAID provides, or finances the contribution of, contraceptive commodities or technical services and for which there is no subaward or contract under this award, the organization implementing a project for which such assistance is provided shall agree that the project will comply with the requirements of this paragraph while using such commodities or receiving such services.
- (9) i) The recipient shall notify USAID when it learns about an alleged violation in a project of the requirements of subparagraphs (3), (4), (5) or (7) of this paragraph;  
  
ii) the recipient shall investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation in a project of

subparagraph (6) of this paragraph and shall notify USAID about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.

iii) The recipient shall provide USAID such additional information about violations as USAID may request.

c. Additional Requirements for Voluntary Sterilization Programs

(1) None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

(2) The recipient shall ensure that any surgical sterilization procedures supported in whole or in part by funds from this award are performed only after the individual has voluntarily appeared at the treatment facility and has given informed consent to the sterilization procedure. Informed consent means the voluntary, knowing assent from the individual after being advised of the surgical procedures to be followed, the attendant discomforts and risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and the option to withdraw consent anytime prior to the operation. An individual's consent is considered voluntary if it is based upon the exercise of free choice and is not obtained by any special inducement or any element of force, fraud, deceit, duress, or other forms of coercion or misrepresentation.

(3) Further, the recipient shall document the patient's informed consent by (i) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or (ii) when a patient is unable to read adequately a written certification by the attending physician or by the authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to the patient, and that the patient thereafter consented to the performance of the operation. The receipt of this oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who shall speak the same language as the patient.

(4) The recipient must retain copies of informed consent forms and certification documents for each voluntary sterilization procedure for a period of three years after performance of the sterilization procedure.

d. Prohibition on Abortion-Related Activities:

(1) No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term "motivate", as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

e. Ineligibility of Foreign Nongovernmental Organizations that Perform or Actively Promote Abortion as a Method of Family Planning.

I. Grants and Cooperative Agreements with U.S. Nongovernmental Organizations

(1) The recipient agrees that it will not furnish assistance for family planning under this award to any foreign nongovernmental organization that performs or actively promotes abortion as a method of family planning in USAID-recipient countries or that provides financial support to any other foreign nongovernmental organization that conducts such activities. For purposes of this paragraph (e), a foreign nongovernmental organization is a nongovernmental organization that is not organized under the laws of any State of the United States, the District of Columbia or the Commonwealth of Puerto Rico.

(2) Prior to furnishing funds provided under this award to another nongovernmental organization organized under the laws of any State of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, the recipient shall obtain the written agreement of such organization that the organization shall not furnish assistance for family planning under this award to any foreign nongovernmental organization except under the conditions and requirements that are applicable to the recipient as set forth in this paragraph (e).

(3) The recipient may not furnish assistance for family planning under this award to a foreign nongovernmental organization (the subrecipient) unless:

(i) The subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and

(ii) The recipient obtains the written agreement of the subrecipient containing the undertakings described in subparagraph (4) below.

(4) Prior to furnishing assistance for family planning under this award to a subrecipient, the subrecipient must agree in writing that:

(i) The subrecipient will not, while receiving assistance under this award, perform or actively promote abortion as a method of family planning in USAID-recipient countries or provide financial support to other foreign nongovernmental organizations that conduct such activities;

(ii) The recipient and authorized representatives of USAID may, at any reasonable time: (A) inspect the documents and materials maintained or prepared by the subrecipient in the usual course of its operations that describe the family planning activities of the subrecipient, including reports, brochures and service statistics; (B) observe the family planning activity conducted by the subrecipient; (C) consult with family planning personnel of the subrecipient; and (D) obtain a copy of the audited financial statement or report of the subrecipient, if there is one;

(iii) In the event that the recipient or USAID has reasonable cause to believe that a subrecipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the recipient shall review the family planning program of the subrecipient to determine whether a violation of the undertaking has occurred. The subrecipient shall make available to the recipient such books and records and other information as may be reasonably requested in order to conduct the review. USAID may also review the family planning program of the subrecipient under these circumstances, and USAID shall have access to such books and records and information for inspection upon request;

(iv) The subrecipient shall refund to the recipient the entire amount of assistance for family planning furnished to the subrecipient under this award in the event it is determined that the certification provided by the subrecipient under subparagraph (3), above, is false;

(v) Assistance for family planning provided to the subrecipient under this award shall be terminated if the subrecipient violates any undertaking in the agreement required by subparagraphs (3) and (4), and the subrecipient shall refund to the recipient the value of any assistance furnished under this award that is used to perform or actively promote abortion as a method of family planning; and

(vi) The subrecipient may furnish assistance for family planning under this award to another foreign nongovernmental organization (the subsubrecipient) only if: (A) the sub-subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and (B) the subrecipient obtains the written agreement of the sub-subrecipient that contains the same undertakings and obligations to the subrecipient as those provided by the subrecipient to the recipient as described in subparagraphs (4) (i)-(v) above.

(5) Agreements with subrecipients and sub-subrecipients required under subparagraphs (3) and (4) shall contain the definitions set forth in subparagraph (10) of this paragraph (e).

(6) The recipient shall be liable to USAID for a refund for a violation of any requirement of this paragraph (e) only if: (i) the recipient knowingly furnishes assistance for family planning to a subrecipient who performs or actively promotes abortion as a method of family planning; or (ii) the certification provided by a subrecipient is false and the recipient failed to make reasonable efforts to verify the validity of the certification prior to furnishing assistance to the subrecipient; or (iii) the recipient knows or has reason to know, by virtue of the monitoring which the recipient is required to perform under the terms of this award, that a subrecipient has violated any of the undertakings required under subparagraph (4) and the recipient fails to terminate assistance for family planning to the subrecipient, or fails to require the subrecipient to terminate assistance to a sub-subrecipient that violates any undertaking of the agreement required under subparagraph 4(vi), above. If the recipient finds, in exercising its monitoring responsibility under this award, that a subrecipient or sub-subrecipient receives frequent requests for the information described in subparagraph (10) (iii) (A) (II), below, the recipient shall verify that this information is being provided properly in accordance with subparagraph (10) (iii) (A) (II) and shall describe to USAID the reasons for reaching its conclusion.

(7) In submitting a request to USAID for approval of a recipient's decision to furnish assistance for family planning to a subrecipient, the recipient shall include a description of the efforts made by the recipient to verify the validity of the certification provided by the subrecipient. USAID may request the recipient to make additional efforts to verify the validity of the certification. USAID will inform the recipient in writing when USAID is satisfied that reasonable efforts have been made. If USAID concludes that these efforts are reasonable within the meaning of subparagraph (6) above, the recipient shall not be liable to USAID for a refund in the event the subrecipient's certification is false unless the recipient knew the certification to be false or misrepresented to USAID the efforts made by the recipient to verify the validity of the certification.

(8) It is understood that USAID may make independent inquiries, in the community served by a subrecipient or sub-subrecipient, regarding whether it performs or actively promotes abortion as a method of family planning.

(9) A subrecipient must provide the certification required under subparagraph (3) and a sub-subrecipient must provide the certification required under subparagraph (4) (vi) each time a new agreement is executed with the

subrecipient or sub-subrecipient in furnishing assistance for family planning under the award.

(10) The following definitions apply for purposes of this paragraph (e):

(i) Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother, but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest (since abortion under these circumstances is not a family planning act).

(ii) To perform abortions means to operate a facility where abortions are performed as a method of family planning. Excluded from this definition are clinics or hospitals that do not include abortion in their family planning programs. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, postabortion care.

(iii) To actively promote abortion means for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.

(A) This includes, but is not limited to, the following:

(I) Operating a family planning counseling service that includes, as part of the regular program, providing advice and information regarding the benefits and availability of abortion as a method of family planning;

(II) Providing advice that abortion is an available option in the event other methods of family planning are not used or are not successful or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if the question is specifically asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counselor reasonably believes that the ethics of the medical profession in the country requires a response regarding where it may be obtained safely);

(III) Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning; and

(IV) Conducting a public information campaign in USAID-recipient countries regarding the benefits and/or availability of abortion as a method of family planning.

(B) Excluded from the definition of active promotion of abortion as a method of family planning are referrals for abortion as a result of rape or incest, or if the life of the mother would be endangered if the fetus were carried to term. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(C) Action by an individual acting in the individual's capacity shall not be attributed to an organization with which the individual is associated, provided that the organization neither endorses nor provides financial support for the action and takes reasonable steps to ensure that the individual does not improperly represent that the individual is acting on behalf of the organization.

(iv) To furnish assistance for family planning to a foreign nongovernmental organization means to provide financial support under this award to the family planning program of the organization, and includes the transfer of funds made available under this award or goods or services financed with such funds, but does not include the purchase of goods or services from an

organization or the participation of an individual in the general training programs of the recipient, subrecipient or sub-subrecipient.

(v) To control an organization means the possession of the power to direct or cause the direction of the management and policies of an organization.

(11) In determining whether a foreign nongovernmental organization is eligible to be a subrecipient or sub-subrecipient of assistance for family planning under this award, the action of separate nongovernmental organizations shall not be imputed to the subrecipient or sub-subrecipient, unless, in the judgment of USAID, a separate nongovernmental organization is being used as a sham to avoid the restrictions of this paragraph (e).

Separate nongovernmental organizations are those that have distinct legal existence in accordance with the laws of the countries in which they are organized. Foreign organizations that are separately organized shall not be considered separate, however, if one is controlled by the other. The recipient may request USAID's approval to treat as separate the family planning activities of two or more organizations, that would not be considered separate under the preceding sentence, if the recipient believes, and provides a written justification to USAID therefore, that the family planning activities of the organizations are sufficiently distinct so as to warrant not imputing the activity of one to the other.

(12) Assistance for family planning may be furnished under this award by a recipient, subrecipient or sub-subrecipient to a foreign government event though the government includes abortion in its family planning program, provided that no assistance may be furnished in support of the abortion activity of the government and any funds transferred to the government shall be placed in a segregated account to ensure that such funds may not be used to support the abortion activity of the government.

(13) The requirements of this paragraph are not applicable to child spacing assistance furnished to a foreign nongovernmental organization that is engaged primarily in providing health services if the objective of the assistance is to finance integrated health care services to mothers and children and child spacing is one of several health care services being provided by the organization as part of a larger child survival effort with the objective of reducing infant and child mortality.

## II. Grants and Cooperative Agreements with Non-U.S., Nongovernmental Organizations

(1) The recipient certifies that it does not now and will not during the term of this award perform or actively promote abortion as a method of family planning in USAID-recipient countries or provide financial support to any other foreign nongovernmental organization that conducts such activities. For purposes of this paragraph (e), a foreign nongovernmental organization is a nongovernmental organization that is not organized under the laws of any State of the United States, the District of Columbia or the Commonwealth of Puerto Rico.

(2) The recipient agrees that the authorized representative of USAID may, at any reasonable time: (i) inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that describe the family planning activities of the recipient, including reports, brochures and service statistics; (ii) observe the family planning activity conducted by the recipient, (iii) consult with the family planning personnel of the recipient; and (iv) obtain a copy of the audited financial statement or report of the recipient, if there is one.

(3) In the event USAID has reasonable cause to believe that the recipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the recipient shall make available to USAID such books and records and other information as USAID may reasonably request in order to determine whether a violation of the undertaking has occurred.

(4) The recipient shall refund to USAID the entire amount of assistance for family planning furnished under this award in the event it is determined that the certification provided by the recipient under subparagraph (1), above, is false.

(5) Assistance for family planning to the recipient under this award shall be terminated if the recipient violates any undertaking required by this paragraph (e), and the recipient shall refund to USAID the value of any assistance furnished under this award that is used to perform or actively promote abortion as a method of family planning.

(6) The recipient may not furnish assistance for family planning under this award to a foreign nongovernmental organization (the subrecipient) unless:

(i) the subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and (ii) the recipient obtains the written agreement of the subrecipient containing the undertakings described in subparagraph (7), below.

(7) Prior to furnishing assistance for family planning under this award to a subrecipient, the subrecipient must agree in writing that:

(i) The subrecipient will not, while receiving assistance under this award, perform or actively promote abortion as a method of family planning in USAID-recipient countries or provide financial support to other nongovernmental organizations that conduct such activities.

(ii) The recipient and authorized representatives of USAID may, at any reasonable time: (A) inspect the documents and materials maintained or prepared by the subrecipient in the usual course of its operations that describe the family planning activities of the subrecipient, including reports, brochures and service statistics; (B) observe the family planning activity conducted by the subrecipient; (C) consult with family planning personnel of the subrecipient; and (D) obtain a copy of the audited financial statement or report of the subrecipient, if there is one.

(iii) In the event the recipient or USAID has reasonable cause to believe that a subrecipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the recipient shall review the family planning program of the subrecipient to determine whether a violation of the undertaking has occurred. The subrecipient shall make available to the recipient such books and records and other information as may be reasonably requested in order to conduct the review. USAID may also review the family planning program of the subrecipient under these circumstances, and USAID shall have access to such books and records and information for inspection upon request.

(iv) The subrecipient shall refund to the recipient the entire amount of assistance for family planning furnished to the subrecipient under this award in the event it is determined that the certification provided by the subrecipient under subparagraph (6), above, is false.

(v) Assistance for family planning to the subrecipient under this award shall be terminated if the subrecipient violates any undertaking required by this paragraph (e), and the subrecipient shall refund to the recipient the value of any assistance furnished under this award that is used to perform or actively promote abortion as a method of family planning.

(vi) The subrecipient may furnish assistance for family planning under this award to another foreign nongovernmental organization (the subsubrecipient) only if: (A) the sub-subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and (B) the subrecipient obtains the written agreement of the sub-subrecipient that

contains the same undertakings and obligations to the subrecipient as those provided by the subrecipient to the recipient as described in subparagraphs (7) (i) - (v), above.

(8) Agreements with subrecipients and sub-subrecipients required under subparagraphs (6) and (7) shall contain the definitions set forth in subparagraph (13) of this paragraph (e).

(9) The recipient shall be liable to USAID for a refund for a violation by a subrecipient relating to its certification required under subparagraph (6) or by a subrecipient or a sub-subrecipient relating to its undertakings in the agreement required under subparagraphs (6) and (7) only if: (i) the recipient knowingly furnishes assistance for family planning to a subrecipient that performs or actively promotes abortion as a method of family planning; or (ii) the certification provided by a subrecipient is false and the recipient failed to make reasonable efforts to verify the validity of the certification prior to furnishing assistance to the subrecipient; or (iii) the recipient knows or has reason to know, by virtue of the monitoring that the recipient is required to perform under the terms of this award, that a subrecipient has violated any of the undertakings required under subparagraph (7) and the recipient fails to terminate assistance for family planning to the subrecipient, or fails to require the subrecipient to terminate assistance to a sub-subrecipient that violates any undertaking of the agreement required under subparagraph 7(vi), above. If the recipient finds, in exercising its monitoring responsibility under this award, that a subrecipient or sub-subrecipient receives frequent requests for the information described in subparagraph (13) (iii) (A) (II), below, the recipient shall verify that this information is being provided properly in accordance with subparagraph 13(iii) (A) (II) and shall describe to USAID the reasons for reaching its conclusion.

(10) In submitting a request to USAID for approval of a recipient's decision to furnish assistance for family planning to a subrecipient, the recipient shall include a description of the efforts made by the recipient to verify the validity of the certification provided by the subrecipient. USAID may request the recipient to make additional efforts to verify the validity of the certification. USAID will inform the recipient in writing when USAID is satisfied that reasonable efforts have been made. If USAID concludes that these efforts are reasonable within the meaning of subparagraph (9) above, the recipient shall not be liable to USAID for a refund in the event the subrecipient's certification is false unless the recipient knew the certification to be false or misrepresented to USAID the efforts made by the recipient to verify the validity of the certification.

(11) It is understood that USAID may make independent inquiries, in the community served by a subrecipient or sub-subrecipient, regarding whether it performs or actively promotes abortion as a method of family planning.

(12) A subrecipient must provide the certification required under subparagraph (6) and a sub-subrecipient must provide the certification required under subparagraph (7) (vi) each time a new agreement is executed with the subrecipient or sub-subrecipient in furnishing assistance for family planning under this award.

(13) The following definitions apply for purposes of paragraph (e):

(i) Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest (since abortion under these circumstances is not a family planning act).

(ii) To perform abortions means to operate a facility where abortions are performed as a method of family planning. Excluded from this definition are

clinics or hospitals that do not include abortion in their family planning programs. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(iii) To actively promote abortion means for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.

(A) This includes, but is not limited to, the following:

(I) Operating a family planning counseling service that includes, as part of the regular program, providing advice and information regarding the benefits and availability of abortion as a method of family planning;

(II) Providing advice that abortion is an available option in the event other methods of family planning are not used or are not successful or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if the question is specifically asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counselor reasonably believes that the ethics of the medical profession in the country requires a response regarding where it may be obtained safely);

(III) Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning; and

(IV) Conducting a public information campaign in USAID-recipient countries regarding the benefits and/or availability of abortion as a method of family planning.

(B) Excluded from the definition of active promotion of abortion as a method of family planning are referrals for abortion as a result of rape or incest or if the life of the mother would be endangered if the fetus were carried to term. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(C) Action by an individual acting in the individual's own capacity shall not be attributed to an organization with which the individual is associated, provided that the organization neither endorses nor provides financial support for the action and takes reasonable steps to ensure that the individual does not improperly represent the individual is acting on behalf of the organization.

(iv) To furnish assistance for family planning to a foreign nongovernmental organization means to provide financial support under this award to the family planning program of the organization, and includes the transfer of funds made available under this award or goods or services financed with such funds, but does not include the purchase of goods or services from an organization or the participation of an individual in the general training programs of the recipient, subrecipient or sub-subrecipient.

(v) To control an organization means the possession of the power to direct or cause the direction of the management and policies of an organization.

(14) In determining whether a foreign nongovernmental organization is eligible to be a recipient, subrecipient or sub-subrecipient of assistance for family planning under this award, the action of separate nongovernmental organizations shall not be imputed to the recipient, subrecipient or sub-subrecipient, unless, in the judgment of USAID, a separate nongovernmental organization is being used as a sham to avoid the restrictions of this paragraph (e). Separate nongovernmental organizations are those that have distinct legal existence in accordance with the laws of the countries in which they are organized. Foreign organizations that are separately organized shall not be considered separate, however, if one is controlled by the other.

The recipient may request USAID's approval to treat as separate the family planning activities of two or more organizations, which would not be considered separate under the preceding sentence, if the recipient believes, and provides a written justification to USAID therefore, that the family planning activities of the organizations are sufficiently distinct so as to warrant not imputing the activity of one of the other.

(15) Assistance for family planning may be furnished under this award by a recipient, subrecipient or sub-subrecipient to a foreign government even though the government includes abortion in its family planning program, provided that no assistance may be furnished in support of the abortion activity of the government and any funds transferred to the government shall be placed in a segregated account to ensure that such funds may not be used to support the abortion activity of the government.

(16) The requirements of this paragraph are not applicable to child spacing assistance furnished to a foreign nongovernmental organization that is engaged primarily in providing health services if the objective of the assistance is to finance integrated health care services to mothers and children and child spacing is one of several health care services being provided by the organization as part of a larger child survival effort with the objective of reducing infant and child mortality.

### III. Exceptions

The paragraphs set forth in sections (I) and (II) above are not applicable in the situations described below:

(1) While the paragraphs are to be used in grants and cooperative agreements (and assistance subagreements) that provide financing for family planning activity or activities, if family planning is a component of an activity involving assistance or other purposes, such as food and nutrition, health for education, paragraph (e), "Ineligibility of Foreign Nongovernmental Organizations that Perform or Actively Promote Abortion as a Method of Family Planning," applies only to the family planning component.

(2) When health or child survival funds are used to provide assistance for child spacing as well as health purposes, these paragraphs are applicable to such assistance unless: (a) the foreign nongovernmental organization is one that primarily provides health services; (b) the objective of the assistance is to finance integrated health care services to mothers and children; and (c) child spacing is one of several health care services being provided as part of a larger child survival effort with the objective of reducing infant and child mortality. These paragraphs need not be included in the assistance agreement if it indicates that assistance for child spacing will be provided only in this way. USAID support under these circumstances is considered a contribution to a health service delivery program and not to a family planning program. In such a case, these paragraphs need not be included in an assistance agreement.

(3) These paragraphs need not be included in assistance agreements with United States nongovernmental organizations for family planning purposes if implementation of the activity does not involve assistance to foreign nongovernmental organizations.

f. The recipient shall insert paragraphs (a), (b), (c), (d), and (f) of this provision in all subsequent subagreements and contracts involving family planning or population activities that will be supported in whole or in part from funds under this award. Paragraph (e) shall be inserted in subagreements and sub-subagreements in accordance with the terms of paragraph (e). The term subagreement means subgrants and subcooperative agreements.

[END OF PROVISION]

**5. PUBLIC NOTICES (MARCH 2004)**

It is USAID's policy to inform the public as fully as possible of its programs and activities. The recipient is encouraged to give public notice of the receipt of this award and, from time to time, to announce progress and accomplishments. Press releases or other public notices should include a statement substantially as follows:

"The U.S. Agency for International Development administers the U.S. foreign assistance program providing economic and humanitarian assistance in more than 120 countries worldwide."

The recipient may call on USAID's Bureau for Legislative and Public Affairs for advice regarding public notices. The recipient is requested to provide copies of notices or announcements to the cognizant technical officer and to USAID's Bureau for Legislative and Public Affairs as far in advance of release as possible.

[END OF PROVISION]

**6. COST SHARING (MATCHING) (July 2002)**

a. If at the end of any funding period, the recipient has expended an amount of non-Federal funds less than the agreed upon amount or percentage of total expenditures, the Agreement Officer may apply the difference to reduce the amount of USAID incremental funding in the following funding period. If the award has expired or has been terminated, the Agreement Officer may require the recipient to refund the difference to USAID.

b. The source, origin and nationality requirements and the restricted goods provision established in the Standard Provision entitled "USAID Eligibility Rules for Goods and Services" do not apply to cost sharing (matching) expenditures.

[END OF PROVISION]

**7. REPORTING OF FOREIGN TAXES (March 2006)**

a. The recipient must annually submit a report by April 16 of the next year.

b. Contents of Report. The report must contain:

(i) Contractor/recipient name.

(ii) Contact name with phone, fax and email.

(iii) Agreement number(s).

(iv) Amount of foreign taxes assessed by a foreign government [each foreign government must be listed separately] on commodity purchase transactions valued at or more financed with U.S. foreign assistance funds under this agreement during the prior U.S. fiscal year.

(v) Only foreign taxes assessed by the foreign government in the country receiving U.S. assistance is to be reported. Foreign taxes by a third party foreign government are not to be reported. For example, if an assistance program for Lesotho involves the purchase of commodities in South Africa using foreign assistance funds, any taxes imposed by South Africa would not be reported in the report for Lesotho (or South Africa).

(vi) Any reimbursements received by the Recipient during the period in (iv) regardless of when the foreign tax was assessed and any reimbursements on the taxes reported in (iv) received through March 31.

(vii) Report is required even if the recipient did not pay any taxes during the report period.

(viii) Cumulative reports may be provided if the recipient is implementing more than one program in a foreign country.

c. Definitions. For purposes of this clause:

- (i) "Agreement" includes USAID direct and country contracts, grants, cooperative agreements and interagency agreements.
- (ii) "Commodity" means any material, article, supply, goods, or equipment.
- (iii) "Foreign government" includes any foreign governmental entity.
- (iv) "Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

d. Where. Submit the reports to: [insert address and point of contact at the Embassy, Mission or FM/CMP as appropriate. see b. below] [optional with a copy to ]

e. Subagreements. The recipient must include this reporting requirement in all applicable subcontracts, subgrants and other subagreements.

f. For further information see <http://www.state.gov/m/rm/c10443.htm>.

[END OF PROVISION]

#### 8. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (January 2002)

Funds in this agreement may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences or as approved by the Agreement Officer.

These provisions also must be included in the Standard Provisions of any new grant or cooperative agreement to a public international organization or a U.S. or non-U.S. non-governmental organization financed with FY04 HIV/AIDS funds or modification to an existing grant or cooperative agreement that adds FY04 HIV/AIDS.

[END OF PROVISION]

#### 9. ORGANIZATIONS ELIGIBLE FOR ASSISTANCE (JUNE 2005)

An organization that is otherwise eligible to receive funds under this agreement to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the organization has a religious or moral objection.

[END OF PROVISION]

#### 10. CONDOMS (JUNE 2005)

Information provided about the use of condoms as part of projects or activities that are funded under this agreement shall be medically accurate and shall include the public health benefits and failure rates of such use and shall be consistent with USAID's fact sheet entitled, "USAID: HIV/STI Prevention and Condoms. This fact sheet may be accessed at: [http://www.usaid.gov/our\\_work/global\\_health/aids/TechAreas/prevention/condomfactsheet.html](http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/condomfactsheet.html)

[END OF PROVISION]

#### 11. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (JUNE 2005)

a. The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding

sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

b. Except as noted in the second sentence of this paragraph, as a condition of entering into this agreement or any subagreement, a non-governmental organization or public international organization recipient/subrecipient must have a policy explicitly opposing prostitution and sex trafficking. The following organizations are exempt from this paragraph: the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the International AIDS Vaccine Initiative; and any United Nations agency.

c. The following definition applies for purposes of this provision: Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. 7102(9).

d. The recipient shall insert this provision, which is a standard provision, in all subagreements.

e. This provision includes express terms and conditions of the agreement and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

[END OF PROVISION]

**12. USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)**

a. The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; (3) to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following website:

[http://pdf.dec.org/pdf\\_docs/PDABQ631.pdf](http://pdf.dec.org/pdf_docs/PDABQ631.pdf)

b. USAID therefore requires that the recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it make every effort to comply with the objectives of the USAID Disability Policy in performing the program under this grant or cooperative agreement. To that end and to the extent it can accomplish this goal within the scope of the program objectives, the recipient should demonstrate a comprehensive and consistent approach for including men, women and children with disabilities.

[END OF PROVISION]

[END OF STANDARD PROVISIONS]

ATTACHMENT D

MARKING PLAN AND BRANDING STRATEGY

### Executive Summary

Since 1998, PSI/M has revitalized social marketing in Madagascar for oral and injectable contraceptives and condoms. It has also established new platforms for malaria prevention and treatment and maternal child health launching *SuperMoustiquaire* long-lasting insecticide treated nets (LLITNs) in 2001, *PaluStop*, a pre-packaged anti-malaria (PPT) for children under 5 in 2003, *Sûr'Eau*, a sodium hypochlorite solution in 2000 for diarrhea prevention, *Cura7*, a pre-packed treatment kit in 2002, for sexually transmitted infections (STI's) that cause urethral discharge, and *Génicure* PPT for ulcerative STIs in 2004, and the *Top Réseau* network for adolescent reproductive health.

PSI/M will continue working under the supervision of the Government of Madagascar and in collaboration with its team members - Voahary Salama, JHPIEGO, HIV/AIDS Alliance and the Wildlife Conservation Society - and local stakeholders in developing, implementing and evaluating its programs.

The purpose of this paper is to describe the activities under this Cooperative Agreement that will be branded, marked, promoted and communicated to beneficiaries and host country citizens so as to guarantee that program activities are appropriately understood to be "from the American People". It details the main program messages and the public communications, commodities and program materials and other items partially or fully funded by USAID grant that will visibly bear the USAID identity. It proposes as well marking exceptions for programmatic reasons.

### 1. Introduction

In May 2008, Population Services International Madagascar (PSI/M) was selected as the 'Apparently Successful Applicant' for a 5-year Cooperative Agreement with USAID (RFA No. 687-08-A-006) to expand and improve its successful interventions in Maternal Child Health, Family Planning, Malaria and HIV/AIDS prevention and treatment.

Under this agreement, PSI/M will implement targeted behavior change communication programs and subsidized product and service delivery to reduce risky behavior amongst poor and vulnerable populations for each of the four promised result components:

- **Result One:** Maternal and Child Health - Increase the availability and use of proven lifesaving interventions that address the major killers of mothers and children and improve their health and nutrition status;
- **Result Two:** Family Planning and Reproductive Health - Expand access to high-quality voluntary family planning (FP) services and information, and reproductive health (RH) care thus reducing unintended pregnancy and promoting healthy reproductive behaviors of men and women, reducing abortion, and reducing maternal and child mortality and morbidity;
- **Result Three:** Malaria - Reduce malaria related mortality through support for implementation of PMI, related malaria control programs and malaria research activities; and

- **Result Four:** HIV/AIDS - Reduce the transmission and impact of HIV/AIDS through support for prevention, care and treatment programs.

PSI/M continues to expand its collaboration with NGOs, businesses, and government agencies to ensure that proposed initiatives respond to expressed needs, meet national technical guidelines, provide coordinated and complementary actions to support national objectives and demonstrate success.

## 2. Proposed Branding Strategy and Marking Plan

### 2.1. Primary and Secondary Audiences

The primary audience will be direct program beneficiaries and the goal will be to ensure they understand that program activities are being provided with the assistance of the "American People". They are the following:

- Women 15-49;
- Pregnant women and children under 5, living in rural and urban areas;
- Female Sex Workers (FSWs), considered as « Core transmitters » group;
- High Risk Men, as CSW clients (Uniformed personal, trucks and taxi drivers, miners, seasonal workers...) considered as the « Bridge population » group;
- Youth 15-18; and
- Young men and women 15-24, sexually active.

The secondary target audience will be:

- The host-country government, i.e. the Government of Madagascar and its collaborating ministries; MinSanPF, MinE&M, MinTransport;
- The coordination platforms, such as CNLS (National AIDS Comity), RBM, WASH;
- Local and international NGOs, such as Voahary Salama, HIV-Alliance, Wildlife Conservation Society, JHPIEGO, the follow-on to SantéNet, MAF and HoverAID;
- The private sector partners, such as ONM and ONP;
- Other relevant host-country agencies and donors; other USAID and USG-supported activities; multilateral agencies such as the United Nations agencies, and the Global Fund; and
- Other bilateral donors.

In accordance with the promised result components, messages will fall into four general categories:

- **Diarrhea Disease prevention and treatment** (modes of transmission, prevention and treatment methods, safe water systems, water treatment technology, hand washing, sanitation, etc.);
- **Family Planning and Reproductive Health** (informed choice of contraceptives, contraceptive technology, promotion of healthier families of desired size, general reproductive health, etc);
- **Malaria** (correct and consistent use of LLINs, correct use of ACTs for children under five, importance of IPTp for pregnant women, knowledge of malaria transmission, and risk awareness, etc.); and
- **HIV/AIDS** (Prevention messages appropriate to each target audience: A,B,C; promotion of care seeking behavior; knowledge of modes of transmission, risk factors, symptoms, diagnosis, and treatment options; issues related to stigma, etc.)

## 2.2. Program Communications and Publicity

PSI/M uses an integrated mix of communication channels to systematically overcome individual as well as social barriers to healthy behavior and motivate the target audiences to adopt healthy behavior. Given the widely differing products, messages and beneficiary populations targeted through this Cooperative Agreement, PSI/M proposes the following Branding Strategy and Marking Plan, defined according to the two main audience categories. These materials and activities will include, but not be limited to, the following:

### For Primary Target Audiences:

- Products packaging and inserts except for those requested under the Presumptive Exceptions, where marking requirements may not apply as they could offend the local culture or be considered inappropriate (See Section 3.2 below);
- Interpersonal communication activities by peer educators and community based distribution agents (AVBCs) from among the target groups themselves or who will talk about solutions to common health-related challenges;
- Interpersonal BCC materials for use in stimulating target group discussion to provide specific information about health risks and risk reduction strategies to individual target group members. These will include, but not be limited to, comic books, brochures, dramas, and postcards;
- Mass media materials, TV spots, radio spots, print ads and outdoor advertising, to address stigmas and stereotypes and build societal support for healthy norms; and
- Brochures and referral "tickets" to help Top Réseau VCT/STI clients learn how and where to find organizations offering services.

### For Secondary Target Audiences:

The program will engage in a variety of activities to keep the secondary target audiences informed of progress, achievements and new initiatives. These will include, but not be limited to:

- Public information and press releases, program profiles, and/or abstracts summarizing program results or announcing new developments;
- Presentations and participation in national and regional coordination meetings with NGOs, National AIDS Comity, USAID Missions, multilateral agencies such as the United Nations, Global Fund, and other bilateral donors;
- Booths at national events, NGO fairs, health fairs, World Day events, and public symposiums;
- Receptions, launch events and other activities to generate and sustain "good will" among project partners;
- Training manuals and materials used during training workshops with NGO and public & private sectors partners such as invitation letters, planning memos, agendas, name-cards and name-tags, presentations and follow-up correspondence; and
- Assessment tools, quantitative and qualitative study reports.

Also see attached table for further details.

In addition, any publications not expressly approved by USAID will include required disclaimers.

**3. Marking Logos & Format**

**3.1. Marking per Categories**

The program identity for all materials or products designed to reach target audiences for communication and promotional activities or for equipment used during the interventions, will be as follows:



As the program receives significant cost-share from leading donor agencies, private foundations and corporations, program materials that are cost-shared between USAID and other donors will include both the USAID logo as well as the logos of the cooperating donor.

Following is an illustrative example of the program identity for cost-shared materials and activities:



Finally, the program may choose to include the logo of subcontractors and/or implementing partners on program deliverables when the addition of the partners' logo would add credibility to the deliverable (e.g. the logo of a professional research agency on a research report).

Use of Ministry logo is used when requested by partner Ministries as is currently the case for SuperMoustiquaire (MOHFP).

Following is an illustrative example of the program identity for use-shared materials and activities:



**3.2. Proposed Presumptive Exceptions**

**A) Administrative Materials**

According to USAID marking guidelines, marking is not required on items used as part of the administration of the grant or cooperative agreement. Therefore, items to be used for internal administrative purposes, such as computers, furniture, vehicles, equipment and office supplies will not be marked with the USAID identity.

**B) Point of Sale Materials**

PSI/M uses a variety of materials destined entirely for the commercial sector with the objective of promoting brand recognition and product visibility. These materials include, but are not limited to, stickers, flyers, umbrellas, and danglers used as point-of-sales promotional materials related to an array of products (condoms, bed nets, water treatment products). PSI/M requests that these materials not be subject to marking requirements under Presumptive Exception (i), which states that USAID marking requirements may not apply if it would compromise the intrinsic independence of the materials. Given that these materials are for a commercial activity, we propose not including the USAID logo on these materials since doing so would not add credibility to the product promotion, nor would it add to the image of USAID.

C) Condom and STI Promotion Materials

Due to differing views related to condom and STI treatment kit uses, and the population groups that are targeted through program intervention, PSI Madagascar believes that USAID will be best served by omitting the USAID identity on these commodities' packaging and the support materials destined for some of the primary target groups, such as CSW. Rather, PSI Madagascar will use the PSI logo only, omitting the USAID identity, pending the USAID Principal Officer approval. We feel this issue falls under Presumptive Exception (vi), which states "USAID marking requirements may not apply if they would offend local cultural or social norms, or be considered inappropriate on such items as condoms, toilets, bed pans, or similar commodities."

D) Top Réseau Social Franchise

Top Réseau signs that are placed outside of participating private clinics should also be presumptively exempted, given that the office space is included in the presumptive exemptions and that the goal of current marking and branding strategy *"is to mark the programs and projects, not our implementing partners"*. These clinics are privately owned and operated and we fear that the use of the USAID would also potentially offend the participating doctors. The risk of alienating their participation in the Top Réseau network could adversely affect public health by compromising the goals and objectives of the Project. Therefore, PSI/M believes that USAID will be best served by omitting the USAID identity on these materials, under Presumptive Exception (vi), as cited above. In addition, the presence of the USAID logo may undermine the credibility and host-country ownership of the services being promoted, thereby also requesting an exception under Presumptive Exception (i) "would compromise the intrinsic independence of the materials."

#### 4. Sub-recipients

To ensure that the marking requirements "flow down" to sub-recipients of sub-awards, any such sub-awards will include the USAID-approved marking provision, as follows:

*"As a condition of receipt of this sub-award, marking with the USAID Identity of a size and prominence equivalent to or greater than the recipient's, sub-recipient's, other donor's or third party's is required. In the event the recipient chooses not to require markings with its own identity or logo by the sub-recipient, USAID may, at its own discretion, require marking by the sub-recipient with the USAID Identity."*

## 5. Mutual Outreach and Communication Strategy

### 5.1. Principles

In order to consistently and effectively communicate the goal of USAID and credit program activities to the support provided by USAID, PSI Madagascar, as implementing partner, proposes to work in conjunction with the USAID Mission in Madagascar to ensure that any program activities, or communication, fully or partially funded by USAID are clearly identify as provided by "the American people".

During this process, PSI/M will be cognizant of the priorities and interests defined by the USAID Madagascar Outreach and Communication Strategy.

Costs anticipated due to marking and branding strategy will likely be minimal and can be absorbed into the unit cost of each item. As such, no separate budget line item needs to be added.

PSI agrees to fully implement the USAID marking requirements outlined herein should this plan be approved.

### 5.2. Deliverables

In addition to the branding and marking plan proposed in this document, the PR strategy developed by PSI/M will take into account USAID needs for deliverables, such as:

1. Press Release:
  - Stories to advocate
  - Success stories
2. Press Events and VIP visits
3. Briefing documents, one-pagers and "Telling our Story" documents.

